

Case Number:	CM14-0047105		
Date Assigned:	07/02/2014	Date of Injury:	11/06/2013
Decision Date:	08/01/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60 year old male claimant with industrial injury 11/6/13 with reported complaint of left shoulder pain. The exam note 3/17/14 demonstrates claimant with 100% relief for one day following cortisone injection into the subacromial space. The report is made that pain continues to affect ability to work. The objective findings demonstrate no joint instability with nonspecific impingement symptoms and mild decrease in external rotation. An MRI of the left shoulder 2/3/14 demonstrates mild supraspinatus tendinosis with mild AC joint hypertrophic change. The report of failure of conservative modalities including physical therapy and report oral anti-inflammatories caused gastrointestinal upset.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left shoulder arthroscopic subacromial decompression with debridement and biceps tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, acromioplasty.

Decision rationale: According to the CA MTUS shoulder chapter, pages 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 3/17/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case there is no definitive impingement signs and there was one day relief from injection. In addition, the MRI from 2/3/14 does not demonstrate any biceps pathology or significant intra-articular pathology suggesting impingement to warrant the requested procedures. Therefore the determination is for not medically necessary.