

Case Number:	CM14-0047142		
Date Assigned:	07/02/2014	Date of Injury:	07/02/2013
Decision Date:	08/01/2014	UR Denial Date:	03/24/2014
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 claimant is a 53-year-old gentleman who injured his bilateral upper extremities on July 2, 2013. The January 28, 2014 progress report noted pain about the shoulder blades and that the claimant's symptoms in the right shoulder had "not changed". Examination revealed tenderness over the subacromial space and acromioclavicular joint of the right shoulder, a positive Neer and Hawkins test, and pain with terminal motion. The claimant was diagnosed with right shoulder internal derangement and the recommendation was made for surgery because the claimant had failed conservative care. The documentation did not identify the specific surgery to be performed or any formal imaging reports of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: Based on California ACOEM Guidelines, the request for shoulder surgery would not be indicated. The medical records provided for review do not identify the surgical

procedure that is recommended. In addition, there is no documentation of prior conservative care for the shoulder, imaging report for review or clinical findings other than a diagnosis of "internal derangement". Based on the ACOEM Guidelines that recommend conservative treatment and imaging evidence of a surgical lesion, the request to perform shoulder surgery is not medically necessary.