

Case Number:	CM14-0055102		
Date Assigned:	07/16/2014	Date of Injury:	06/26/2012
Decision Date:	08/19/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/24/2014

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 has 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 31-year-old male who sustained a left shoulder injury on June 26, 2012. MR arthrogram revealed osseous acromial outlet with flat undersurface of the acromion there is no evidence of acromioclavicular joint disease. There was no subacromial fusion. The rotator cuff was normal. There is no evidence of atrophy. The patient had a lidocaine shoulder injection 25% improvement and continues to have chronic shoulder pain. A physical examination reveals external rotation to 30. There is 4+ over 5 rotator cuff strength. The O'Brien test is positive. The patient has had physical therapy and a Medrol Dosepak. At issue is whether shoulder arthroscopy surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy With Subcromial Decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery for Impingement Syndrome, Indications For Surgery - Rotator Cuff Repair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG shoulder and elbow chapter.

Decision rationale: This patient does not meet criteria for left shoulder arthroscopic subacromial decompression. Specifically, the imaging studies do not demonstrate any evidence of rotator cuff pathology or abnormal acromion morphology. In addition, the physical examination does not support the diagnosis of impingement syndrome. Imaging studies and physical examination are not conclusive to support the diagnosis in this case. Therefore, guidelines for subacromial decompression are not met because the diagnosis has not been established with imaging studies and physical examination. Therefore, the request is not medically necessary.