

Case Number:	CM14-0074905		
Date Assigned:	07/16/2014	Date of Injury:	12/13/2010
Decision Date:	08/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/22/2014

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 Texas. 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 injured worker is a 32-year-old male who reported an injury on 12/13/2010 after he lifted a box of paper. The injured worker reportedly sustained an injury to his right shoulder. The injured worker underwent an MRI of the right shoulder dated 02/24/2014 that documented there was moderate tendinosis/tendinopathy at the supraspinatus tendon with a partial articular surface tear of the distal and anterior fibers, moderate narrowing of the subacromial space secondary to degenerative changes and multifocal small effusions. The injured worker's treatment history included epidural steroid injections, physical and physiotherapy for the lumbar spine, acupuncture for the lumbar spine, activity modifications and medications. Prior to the MRI the injured worker was evaluated on 02/18/2014 by the requesting provider. It was noted that the injured worker had crepitus of the acromioclavicular joint of the right arm with a positive NEERs, and positive Hawkins sign. The injured worker's diagnoses included cervical myalgia, spinal stenosis, cervical sprain, shoulder impingement syndrome, degenerative disease of the lumbar spine and lumbar sprain/strain. A request was made for right shoulder arthroscopic exam/repair versus debridement. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Exam/repair vs Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder chapters.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has had conservative treatment directed towards the lumbar spine. The American College Of Occupational Environmental Medicine recommends surgical intervention for shoulder injuries for patients who have significant functional deficits upon physical examination that is corroborated by pathology identified on an imaging study and has failed to respond to nonoperative treatments. The clinical documentation submitted for review does not provide any evidence that the patient has had any conservative therapy directed towards the right shoulder. There is no documentation of prior physical therapy directed towards the right shoulder or injections. Therefore, surgical intervention at this time would not be indicated. As such, the requested right shoulder arthroscopic exam/repair versus debridement is not medically necessary or appropriate.