

Case Number:	CM14-0075887		
Date Assigned:	07/16/2014	Date of Injury:	08/13/2012
Decision Date:	08/22/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/23/2014

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:

Claimant is a 36 year old male with an industrial injury reported on 8/13/12. Magnetic resonance imaging (MRI) right shoulder from 1/15/13 demonstrates mild to moderate rotator cuff tendinosis with attenuation and fraying of labrum. An electromyogram (EMG) / Nerve conduction velocity studies (NCV) testing demonstrates bilateral C6 nerve root impingement. Exam note 1/27/14 demonstrates right shoulder anterolateral subacromial and lateral deltoid tenderness. Flexion and abduction is noted to be 105 degrees with external rotation of 35 degrees and internal rotation of 75 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Subacromial Decompression, Extensive Debridement, Mumford, SLAP repair and Injection with Marcaine 0.25%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 section, acromioplasty, labral tear surgery, partial claviclectomy.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The Official Disability Guidelines (ODG) shoulder section, acromioplasty and labral surgery including Mumford procedure 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 1/27/14. 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 the exam note from 1/27/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is not medically necessary and appropriate.