

Case Number:	CM14-0076798		
Date Assigned:	07/18/2014	Date of Injury:	04/16/1995
Decision Date:	08/25/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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:

59-year-old male claimant was reported industrial injury on 4/16/95. Claimant is noted to have complaint on 4/16/14 of right shoulder pain. Exam demonstrates full range of motion without pain, normal shoulder strength, no acromioclavicular tenderness and positive impingement testing. Right shoulder MRI 3/3/14 demonstrates tendinosis of the supraspinatus tendon without rotator cuff tear, moderate osteoarthritic changes of the glenohumeral joint with small effusion, arthropathy of the acromioclavicular joint and a lateral down sloping acromion with lateral arch narrowing. Note demonstrates claimant underwent cortisone injection on 4/16/14, however, no results of the injection are demonstrated in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Shoulder Diagnostic/Operative Arthroscopic debridement with Acromioplasty Resection of Coracoacromial Ligament and Bursa as indicated, possible Clavicle Resection.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

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.

Decision rationale: 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 4/16/14. 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 4/16/14 does not demonstrate evidence satisfying the above criteria, as there is no documentation of response to anesthetic injection. Therefore the 1 Right Shoulder Diagnostic/Operative Arthroscopic debridements with Acromioplasty Resection of Coracoacromial Ligament and Bursa as indicated possible Clavicle Resection is not medically necessary.

1 Assist Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, the determination is for non-certification for assistant surgeon.