

Case Number:	CM14-0080685		
Date Assigned:	07/18/2014	Date of Injury:	12/01/1997
Decision Date:	11/03/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 female with chronic right shoulder pain. The patient had right subcoracoid injection with steroid. She also takes narcotics. She continues to have shoulder pain. She is a healthy 35-year-old female who injured her left shoulder 3 years ago in the right shoulder approximately a month after injuring the left shoulder. She had a good result with left shoulder surgery. The right shoulder pain has persisted. On physical examination she has a decreased range of motion of the right shoulder. The right shoulder is tender over the acromion and a.c. joint. She has positive impingement test. Radiographs show a type II acromion but are otherwise normal. The patient has had physical therapy to include NSAIDs and steroid injections. At issue is whether the patient requires right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Coracoplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient does not meet establish criteria for right shoulder surgery at this time. Specifically, there is no clear documentation of a trial and failure of various conservative measures. There is no documentation of her recent trial and failure physical therapy for shoulder pain. There is no documentation of significant loss of motion with significant rotator cuff weakness. While impingement test is reportedly positive, a recent trial and failure of physical therapy for impingement syndrome has not been clearly documented in the medical records. At the present time criteria for shoulder surgery not met.