

Case Number:	CM14-0082950		
Date Assigned:	07/21/2014	Date of Injury:	06/03/2011
Decision Date:	09/09/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/04/2014

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:

The records presented for review indicate that this 44 year-old individual was reportedly injured on June 3, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 25, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated a positive Neer's, Hawkins, Jobe's Testing for impingement. A decrease in right shoulder range of motion is noted, and scapular abduction is graded at 4+/5. Diagnostic imaging studies were not presented for review. Previous treatment includes a previous right shoulder arthroscopic and open intervention. A request had been made for right shoulder surgery and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right arthroscopic acromioplasty, arthroscopic distal clavicle debridement, and arthroscopic labral repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The records reflect that an open shoulder procedure has been completed. A distal clavicle resection has been completed. As such, there is no clinical indication to repeat the study. Furthermore, as outlined in the MTUS, there needs to be significant weakness of arm elevation or rotation and conservative measures relative to the impingement syndrome have not been described. Given the recent surgery, the lack of conservative interventions that the surgery is to address impingement syndrome, there is insufficient clinical information presented to support this request. Therefore, this request is not medically necessary.