

Case Number:	CM14-0086950		
Date Assigned:	07/23/2014	Date of Injury:	09/15/2008
Decision Date:	09/29/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 62-year-old gentleman was reportedly injured on September 15, 2008. The mechanism of injury was noted as lifting a bottle of oxygen. The most recent progress note, dated May 7, 2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated forward elevation to 90, external rotation to 20, and internal rotation to the level of L5. Rotator cuff strength was measured at 5/5 with the exception of the supraspinatus muscles, which was rated at 4-/5. There were positive impingement signs. Diagnostic imaging studies of the left shoulder did not show evidence of a rotator cuff tear and no evidence of loosening of the prosthesis. Previous treatment included a left shoulder arthroplasty and physical therapy. A request had been made for shoulder arthroscopy and surgery and was not certified in the pre-authorization process on May 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Arthroscopy/Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Rotator Cuff Syndrome/Impingement Syndrome. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Arthroplasty.

Decision rationale: The injured employee has had a previous left shoulder arthroplasty. A review, of the attached medical records, indicates that the injured employee had a CT arthrogram of the left shoulder, which indicated no loosening of the left shoulder humeral prosthesis, and no evidence of a tear of the rotator cuff muscles. Considering this, it is unclear why a left shoulder surgery is recommended. This request for a left shoulder arthroscopy is not medically necessary.