

Case Number:	CM14-0184844		
Date Assigned:	11/12/2014	Date of Injury:	10/10/2013
Decision Date:	02/04/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/06/2014

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 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 has a date of injury of October 10, 2013. The patient complains of right shoulder pain. He reports stiffness in the shoulder at night pain. On physical examination right shoulder anterior apprehension test is negative. There is no evidence of instability on physical examination. O'Brien's test is negative. Speed test is negative. Neer and Hawkins test are negative. Patient has normal strength. He is pain-free normal range of right shoulder motion. A right shoulder MRI from December 2013 does not have an official report in the medical records. An x-ray of the right shoulder shows mild joint space narrowing. The patient has had medications. He takes Percocet with good relief. At issue is whether shoulder surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder complete arthroscopy, extensive debridement and decompression.: Upheld

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

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

Decision rationale: This patient does not meet established criteria for right shoulder surgery. Specifically the medical records do not document that the patient has exhausted conservative

measures. There is no clear documentation of her recent trial and failure of adequate physical therapy for shoulder pain. In addition, definitive shoulder pathology is not clearly documented on MRI report in the medical records. Additional conservative measures are necessary. There is no documentation of subacromial injection. Criteria for surgery have not been met. Therefore, this request is not medically necessary.