

Case Number:	CM14-0199874		
Date Assigned:	12/10/2014	Date of Injury:	02/28/2014
Decision Date:	02/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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:

This is a 25 year old male with a work related injury dated 02/28/2014 after reaching for and picking up a box and felt a pop with shooting pains in his shoulder. According to a primary physician's progress report dated 10/14/2014, the injured worker presented for a follow up of left shoulder with complaints of left shoulder pain with elevation. Diagnoses included left shoulder internal derangement. Treatments have consisted of medications. Diagnostic testing included MRI of left shoulder performed on 04/16/2014 which showed an anterior labral tear with evidence of the acromion curved undersurface and mild degenerative changes at the acromioclavicular joint without evidence of rotator cuff tear or biceps tendon tear. Work status is noted as temporarily totally disabled. On 11/07/2014, Utilization Review non-certified the request for Left Shoulder Arthroscopy Debridement Subacromial Decompression and Mumford Procedure citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine and Official Disability Guidelines. The Utilization Review physician stated there is documentation of subjective findings (pain with active arc motion 90 to 130 degrees), objective findings (tenderness over acromial area), imaging findings, and failure of 3-6 months of conservative treatment (medications). However, there is no documentation of additional subjective findings (pain at night), objective findings (weak or absent abduction, positive impingement sign, and temporary relief of pain with anesthetic injection), and failure of 3-6 months of conservative treatment (cortisone injections). Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Left Shoulder Arthroscopy Debridement Subacromial Decompression and Mumford Procedure, Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 209-211 and on the Non-MTUS Official Disability Guidelines (ODG), Shoulder Chapter

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) Shouder, Acromioplasty, Claviclectomy.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. 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 10/14/14. 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. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for post traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In this case the exam note from 10/14/14 does not demonstrate evidence satisfying the above criteria. Therefore, the request is not medically necessary.