

Case Number:	CM14-0203169		
Date Assigned:	12/15/2014	Date of Injury:	04/07/2011
Decision Date:	01/31/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/04/2014

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:

According to the records made available for review, this is a 33-year-old male with a 4/7/11 date of injury. At the time (10/17/14) of request for authorization for right shoulder arthroscopy, there is documentation of subjective (right shoulder pain) and objective (tenderness over the right supraspinatus and rhomboid, no pain or weakness with resisted range of motion, decreased range of motion, and positive right impingement sign) findings, imaging findings (MRI of the right shoulder (8/19/13) report revealed acromioclavicular osteoarthritic change), current diagnoses (bilateral shoulder impingement), and treatment to date (medications and activity modification). There is no documentation of failure to increase ROM and strength of the musculature around the shoulder even after exercise programs and failure of additional conservative care (physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, Diagnostic arthroscopy.

Decision rationale: MTUS reference to ACOEM guidelines identify documentation of Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), activity limitation for more than four months, plus existence of a surgical lesion, failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair as a criteria necessary to support the medical necessity of shoulder surgery. In addition, ODG identifies documentation of inconclusive imaging findings and acute pain or functional limitation despite conservative care (activity modifications, medications, and physical modalities) as additional criteria necessary to support the medical necessity of Diagnostic arthroscopy. Within the medical information available for review, there is documentation of a diagnosis of bilateral shoulder impingement. In addition, there is documentation of activity limitation for more than four months. In addition, there is documentation of inconclusive imaging findings and acute pain or functional limitation despite conservative care (activity modifications and medications). However, there is no documentation of failure to increase ROM and strength of the musculature around the shoulder even after exercise programs. In addition, there is no documentation of failure of additional conservative care (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for right shoulder arthroscopy is not medically necessary.