

Case Number:	CM14-0206049		
Date Assigned:	12/18/2014	Date of Injury:	03/07/2012
Decision Date:	02/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

39 year old female claimant with an industrial injury dated 03/07/12. The patient is status post a right elbow lateral epicondylar release, a right wrist triangular fibrocartilage complex tear, carpal tunnel syndrome, right shoulder arthroscopy, and a right rotator cuff repair as of 02/28/14. MRI dated 02/28/14 reveals mild rotator cuff tendinosis with no significant tear, minimal hypertrophic changes of AC joint and mild scarring of the rotator cuff interval indicative of chronic capsulitis. Exam note 08/18/14 states the patient returned with right shoulder pain. The patient rates the pain a 9/10. Upon physical exam there was evidence of mild to moderate tenderness present on the bilateral shoulders. Range of motion of the right shoulder is noted as a flexion of 150'/180', extension of 40'/50', abduction of 150'/180', adduction of 40'/50', internal rotation of 80'/90', and external rotation of 80'/90'. Exam empty can and impingement test were both noted as positive. Treatment includes a shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy & manipulation; 12 weeks apart; for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

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)
Acromioplasty surgery

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 8/18/14. 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. In this case the exam note from 8/18/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is for non-certification.