

Case Number:	CM14-0047173		
Date Assigned:	07/02/2014	Date of Injury:	02/27/2013
Decision Date:	01/22/2015	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/15/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 56 year old male with date of injury of 2/27/2013. A review of the medical records indicates that the patient is undergoing treatment for left shoulder and cervical neck pain. Subjective complaints include continued pain in left shoulder and neck. Objective findings include limited range of motion of the left shoulder with 1+ reflexes in the biceps and triceps; motor strength 4/5 in left arm. Treatment has included cortisone injections, Norco, and Ketoprofen. The utilization review dated 3/18/2014 non-certified shoulder arthroscopy/surgery.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: Regarding shoulder arthroscopic surgery, MTUS states the following: "Referral for surgical consultation may be indicated for patients who have: - 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- Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair."This employee does not meet any of the above criteria and it is not even clear from the medical documentation what the surgery will accomplish. Therefore, the request for a shoulder surgery with arthroscopy is not medically necessary.