MAXIMUS Federal Services

Case Number:	CM15-0002313		
Date Assigned:	01/13/2015	Date of Injury:	06/01/2011
Decision Date:	03/09/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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: New York, New Hampshire, Washington
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:

The injured worker is a 45-year-old male, who sustained an industrial injury on 06/01/2011. He has reported right shoulder pain. The diagnoses have included chronic right shoulder pain, and status post right shoulder arthroscopic procedure. Treatment to date has included Medrol Dosepak, an MRI of the right shoulder on 07/21/2011, which showed probable mild acromioclavicular joint separation, and Lidoderm patches. Currently, the injured worker complains of continued right shoulder pain. The objective findings of the right shoulder include abduction at 160 degrees; extension at 45 degrees; flexion at 160 degrees; some rotator cuff tenderness; and no paracervical or parathoracic tenderness. The treating physician requested right shoulder surgery, because it was recommended by the specialists. The reason for the request was not indicated. On 12/31/2014, Utilization Review (UR) non-certified the request for right shoulder surgery, noting that there was no new diagnostic testing or clinical documentation to support the need for repeat surgery; there is no evidence that any form of conservative care has been attempted over the past twelve months; and it does not appear that the right shoulder pain resulted in significant levels of functional limitation. The MTUS ACOEM Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery--Acromioplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-220.

Decision rationale: This patient has chronic shoulder pain. The medical records do not indicate that the patient has tried and failed adequate conservative measures for shoulder pain. Shoulder injection and physical therapy are needed. MTUS criteria fo shoulder surgery not met. More conservative measures needed for treatment of shoulder pain. Surgery not medically needed at this time.