

Case Number:	CM15-0003904		
Date Assigned:	01/14/2015	Date of Injury:	12/28/1997
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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: 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:

This injured worker is a 54 year old male, who sustained an industrial injury on December 22, 1997. The injured worker has reported neck, shoulder and upper extremity pain. The diagnoses have included right shoulder impingement with partial thickness rotator cuff tear, bilateral radial tunnel syndrome, bilateral lateral epicondylitis, bilateral forearm tendinitis, trapezial and paracervical strain. Treatment to date has included pain management, diagnostic testing, neurological examination, occupational therapy, corticosteroid injections, rest and multiple surgeries. The injured worker was status post a bilateral cubital tunnel release and carpal tunnel release, a cervical discectomy and fusion and removal of cervical hardware. Current documentation dated December 11, 2014 notes that the injured worker continued to have right shoulder pain aggravated by overhead activities. Physical examination revealed decreased range of motion of the cervical spine with some pain. The right shoulder impingement sign was positive. Mild tenderness was noted at the paracervical and trapezial regions. He also had mild radial tunnel tenderness. On December 30, 2014 Utilization Review non-certified a request for an outpatient right shoulder arthroscopy with subacromial decompression and debridement. Non- MTUS, ACOEM Guidelines, were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of an outpatient right shoulder arthroscopy with subacromial decompression and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with subacromial decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Shoulder, 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 12/11/14. 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 12/11/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is for non-certification.