

Case Number:	CM15-0006276		
Date Assigned:	01/26/2015	Date of Injury:	05/23/2014
Decision Date:	04/02/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/12/2015

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
 Certification(s)/Specialty: Neurological 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 27 year old female worker sustained an industrial injury on May 23, 2014 when a box of soda cartons fell on her shoulder. On 2/19/2014 she had her glove catch on the belt on the bottling floor and felt a pop in her fifth finger. She has reported pain in the right shoulder and right small finger and has been diagnosed with adhesive capsulitis-shoulder, shoulder tendinitis, rotator cuff syndrome shoulder, cervicalgia, and trigger finger. Treatment to date has included acupuncture therapy, medications, and medical imaging. Physical exam on 1/24/15 did not include a range of motion estimate for her shoulder or mention of her strength. Documentation has not included observations or details about a home exercise program. Currently the injured worker complains of right shoulder and right small finger pain. The treatment plan has included right shoulder surgery. On January 5, 2015 Utilization Review non certified right shoulder arthroscopic surgery, rotator cuff repair and debridement citing the MTUS and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic surgery, rotator cuff repair and debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209,210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203, 204, 209.

Decision rationale: The California MTUS guidelines recommend instruction in a home exercise program for strengthening and range of motion after shoulder injuries. Documentation does not include details or results from such a program. The MTUS guidelines suggest corticosteroid injections in the shoulder bursa for impingement syndromes. The results and quantity of such injections is not mentioned in the guidelines. The guidelines indicate surgery can be advised when a program of strengthening and improvement of range of motion has failed. The documentation does not provide evidence of failure for such a program. Thus the requested treatment: Right shoulder arthroscopic surgery, rotator cuff repair and debridement is not medically necessary and appropriate.