

Case Number:	CM15-0138159		
Date Assigned:	07/28/2015	Date of Injury:	12/03/2009
Decision Date:	08/27/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/16/2015

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: Montana, Oregon, Idaho
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 60 year old male, who sustained an industrial injury on 12/3/09. The injured worker has complaints of right anterior knee, left anterior knee, left posterior shoulder, left cervical dorsal, upper thoracic, right cervical dorsal, right posterior shoulder, right cervical, left cervical, cervical, right anterior shoulder, left anterior shoulder, left anterior arm, left posterior arm and right anterior arm pain. The bilateral hips revealed tenderness trochanteric bursa on the left. The doc noted that there is tenderness and spasm in the quadriceps. The diagnoses have included status post right knee arthroplasty and rupture of left quadriceps tendon. Treatment to date has included magnetic resonance imaging (MRI) of the left shoulder on 4/9/15 showed acromion, flat, laterally downsloping, acromioclavicular joint osteoarthritis, supraspinatus, partial thickness tear. The request was for left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Diagnostic arthroscopy.

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) shoulder.

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 in the clinical notes from the treating surgeon from 3/30/15 and 6/1/15. The documentation fails to document a shoulder exam or prior history of any conservative treatment for left shoulder symptoms. Therefore the requested left shoulder arthroscopy is not medically necessary.