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| Case Number: | CM15-0142904 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 08/25/2011 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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 61 year old male, who sustained an industrial injury on 8-25-2011. He reported the right hand was crushed, and he developed pain in bilateral hands and right shoulder from repetitive type activity. Diagnoses include crush injury to the right hand, compensatory left hand and wrist pain, and right impingement syndrome; status post carpal tunnel release. Treatments to date include Naprosyn, wrist brace, physical therapy, and cortisone injection. Currently, he complained of right shoulder pain. On 6-8-15, the physical examination documented no objective physical findings. The plan of care included right shoulder arthroscopic debridement, subacromial decompression, biceps tendon resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Debridement, Subacromial Decompression, Biceps Tendon Resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapters.

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. 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 documentation does not include a radiology report of an MRI of the right shoulder demonstrating the presence of a lesion which would benefit from surgery. The examination in the note from 2/9/15 does not note a painful arc of motion. Notes from 3/9/15, 4/13/15 and 5/4/15 do not document any objective exam findings. Therefore, the request for right shoulder arthroscopic debridement, subacromial decompression and biceps tendon resection is not medically necessary.