

Case Number:	CM15-0184087		
Date Assigned:	09/24/2015	Date of Injury:	08/09/2010
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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, Oregon, 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 36-year-old male, who sustained an industrial injury on August 09, 2010. The injured worker was diagnosed as having right shoulder impingement syndrome with labral tear. Treatment and diagnostic studies to date has included laboratory studies, electromyogram with nerve conduction velocity to the bilateral lower extremities, medication regimen, physical therapy, and magnetic resonance imaging of the right shoulder. In a progress note dated June 29, 2015 the treating physician reports complaints of pain to the right shoulder, but the progress note did not indicate the injured worker's numeric pain level as rated on a visual analog scale. Examination performed by the specialist on July 16, 2015 was revealing for decreased range of motion to the right shoulder, "mild" tenderness to the acromioclavicular joint, tenderness to the greater tuberosity and the proximal biceps, decreased strength to the rotator cuff in the infraspinatus, the supraspinatus, and the subscapularis, and positive impingement testing. On July 16, 2015, the evaluating specialist noted a magnetic resonance imaging of the right shoulder performed on August 09, 2010 that was revealing for a tear of the posterosuperior labrum, a strain of the supraspinatus, and "mild" arthritic changes of the acromioclavicular joint. On July 16, 2015, the treating physician requested decompression and debridement, treatment of any rotator cuff or labral pathology, and possible distal clavicle excision for any glenohumeral pathology for treatment of the right shoulder impingement with the evaluating specialist noting that the injured worker "failed prolonged time and therapy". On September 02, 2015, the Utilization Review determined the request for a right shoulder surgery (unspecified) to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder surgery (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The request to Independent Medical Review is for a test or treatment, which was not adequately defined. The treating physician did not supply sufficient information regarding the nature of the request and its indications. The request is therefore not medically necessary based on the lack of sufficient indications and details of the request provided by the treating physician. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, test, or referral with its indications. The request in this case was too generic and might conceivably refer to any number of medical conditions and guideline citations.