

Case Number:	CM15-0194579		
Date Assigned:	10/08/2015	Date of Injury:	11/22/2014
Decision Date:	11/16/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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 40 year old male, who sustained an industrial injury on 11-22-2014. Medical records indicate the worker is undergoing treatment for right shoulder impingement. Progress note from 8-21-2015 showed minimal right shoulder improvement with acromioclavicular joint pain. Physical exam on that visit showed tenderness to the acromioclavicular joint. A recent progress report dated 9-1-2015, reported the injured worker complained of no improvement from the acromioclavicular and subacromial injections. Physical examination revealed supraspinatus and acromioclavicular joint tenderness. Right shoulder magnetic resonance imaging showed rotator cuff tendinosis, subacromial bursitis, down-sloping acromion and acromioclavicular joint degeneration. Treatment to date has included 12 physical therapy visits, steroid injections, home exercise program and medication management. The physician is requesting Right Shoulder Arthroscopy, Subacromial Decompression, Possible Rotator Cuff Repair and Mumford Procedure. On 9-25-2015, the Utilization Review noncertified the request for Right Shoulder Arthroscopy, Subacromial Decompression, Possible Rotator Cuff Repair and Mumford Procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Subacromial Decompression, Possible Rotator Cuff Repair and Mumford Procedure: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder section, acromioplasty.

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 9/1/15. 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 9/1/15 does not demonstrate evidence satisfying the above criteria as there was no improvement from the acromioclavicular and subacromial injections. Therefore the determination is for non-certification. The request is not medically necessary.