

Case Number:	CM15-0199152		
Date Assigned:	10/14/2015	Date of Injury:	11/07/2012
Decision Date:	11/20/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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 female who sustained an industrial injury on 11-7-12. The injured worker reported right shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for impingement syndrome right shoulder. Medical records dated 9-16-15 indicated right shoulder "new aggravation". Medical records dated 7-29-15 indicated "no improvement in neck pain or right shoulder pain." Provider documentation dated 9-16-15 noted the work status as remain off work. Treatment has included cervical spine magnetic resonance imaging, work modifications, physical therapy, Flexeril since at least April of 2013 and Etodolac since at least April of 2013. Objective findings dated 9-16-15 were notable for right shoulder with positive impingement test. Objective findings dated 7-29-15 were notable for tenderness to C6-C7 and positive impingement at right shoulder. The original utilization review (10-2-5) denied a request for Right Shoulder Arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy: 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 surgery.

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 9/16/15. 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 9/16/15 does not demonstrate evidence satisfying the above criteria. Therefore, the request is not medically necessary and the determination is for non-certification.