

Case Number:	CM15-0031758		
Date Assigned:	02/25/2015	Date of Injury:	11/18/2009
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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

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 11/18/2009. The diagnoses have included probable right shoulder for thickness rotator cuff tear, bilateral shoulder tendinitis and acromioclavicular arthritis, cervical disc bulge C6-C7, bilateral carpal tunnel syndrome, status post left shoulder arthroscopic surgery, bilateral De Quervaines, and status post right shoulder arthroscopy with subacromial decompression in April 2014. Noted treatments to date have included surgeries, home exercise program, and medications. Diagnostics to date have included MRI Arthrogram right shoulder on 11/20/2014 which showed moderate grade partial thickness articular surface defect, fluid collection extending from the foot plate of the anterior fibers of the infraspinatus tendon to its bursal surface, Old Hill Sachs lesion and a partially healed soft tissue Bankart lesion, minimal tenosynovitis of the long head of the biceps tendon, and mild osteoarthritis of the acromioclavicular joint. In a progress note dated 12/11/2014, the injured worker presented with complaints of continued pain and stiffness. The treating physician reported symmetrical loss of motion both shoulders, pain with range of motion testing, and positive impingement signs right shoulder. Utilization Review determination on 02/10/2015 non-certified the request for Right Shoulder Arthroscopy citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy to the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 12/11/14. 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 12/11/14 does not demonstrate evidence satisfying the above criteria. Therefore, the determination is for non-certification.