

Case Number:	CM15-0057797		
Date Assigned:	04/02/2015	Date of Injury:	04/20/2012
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/26/2015

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, Indiana, Oregon
 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 41 year old male, who sustained an industrial injury on 4/20/12. He reported initial complaints of right shoulder pain after experiencing an industrial injury fall. The injured worker was diagnosed as having lumbar sprain/strain; tear medial meniscus; unspecified internal derangement of right knee; closed anterior dislocation of humerus. Treatment to date has included physical therapy; status post right knee arthroscopy (6/2012); cortisone injections to right shoulder; EMG/NCS lower extremities (4/20/12); right knee MRI (8/24/13); right shoulder MRI (10/21/14); CT scan lumbar spine (1/2015); CT cervical spine (1/20/15). Currently, the PR-2 notes dated 1/30/15, the injured worker complains of right knee, hip leg and shoulder pain. The injured worker has had 2 physical therapy sessions and doing daily home therapy. The notes demonstrate the injured worker has improved range of motion (ROM) and can reach overhead. He states this does cause pain in the shoulder of 7-8/10 pain scale. It is also noted pain in the lower back with trouble sleeping. The provider's treatment plan on this date was a request for a MRI of the right shoulder to rule out a rotator cuff tear, knee brace with ACL stabilizing and physical therapy to get full ROM back. An MRI right shoulder dated 10/23/14 demonstrated a mild-to-moderate rotator cuff tendinosis without significant rotator cuff tear. The provider requested a Right Shoulder Arthroscopy, Acromioplasty, and possible Biceps Tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Acromioplasty, possible Biceps Tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

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 that is not present in the submitted clinical information from 1/30/2015. In addition night pain and weak or absent abduction must be present. Physical therapy has apparently been initiated on 1/27/15 based on the records provided so the recommended conservative care has not been completed. Based on the above, the surgery is not medically necessary.