

Case Number:	CM15-0084639		
Date Assigned:	05/06/2015	Date of Injury:	11/27/2010
Decision Date:	06/05/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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 59-year-old female, who sustained an industrial injury on November 27, 2010, incurring right shoulder injuries after a fall mopping the floor. She was diagnosed with a right shoulder rotator cuff tear, acromioclavicular arthritis and impingement syndrome. Treatment included medications, home exercise program, physical therapy, and cortisone injections without significant benefit. She underwent a right shoulder rotator cuff repair, acromioplasty, lysis of adhesions on July 13, 2011 and another right shoulder surgery on November 21, 2012. Magnetic Resonance Imaging performed on February 7, 2015, revealed tendinitis of the rotator cuff, subdeltoid fluid, bursitis and biceps tendinitis. Currently, the injured worker complained of persistent tenderness in her shoulder with limited range of motion. The injured worker is currently temporarily totally disabled. The treatment plan that was requested for authorization included diagnostic arthroscopy and repair of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Arthroscopy and Repair, Right Shoulder, per 04/13/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Diagnostic Arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: CA MTUS/ACOEM is silent on the issue of diagnostic knee arthroscopy. Per ODG shoulder, the criteria to consider diagnostic arthroscopy of the shoulder are: 1. Conservative Care (medications or PT). 2. Subjective clinical findings. 3. Equivocal Imaging findings. In this case, the MRI from 2/7/15 shows no surgical lesion, nor is it equivocal. Based on this, the request for diagnostic arthroscopy is not medically necessary.