

Case Number:	CM13-0063577		
Date Assigned:	12/30/2013	Date of Injury:	05/27/2012
Decision Date:	04/25/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Orthopedic Surger and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 46-year-old female who was injured in a work related accident on May 27, 2012 secondary to a slip and fall while at work. The records provided for review documented an injury to the left upper extremity. The September 11, 2013 assessment noted continued complaints of left shoulder pain with objective clinical findings showing restricted range of motion with positive impingement, negative Yergason and scapular winging and no documentation of strength. The claimant's working diagnosis was shoulder impingement. Formal imaging of the claimant's left shoulder was not provided and conservative treatment was also not noted. The recommendation was made for a shoulder arthroscopy, subacromial decompression and rotator cuff repair procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION (SAD), AND ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: Based on California ACOEM Guidelines, the proposed surgery to include decompression and rotator cuff repair would not be indicated. The records indicate that the claimant has chronic complaints of impingement about the bilateral shoulders. Specific to the left shoulder, there is no documentation of full thickness rotator cuff pathology nor documentation of recent conservative measures including injection therapy that would necessitate the proposed surgical process as requested. The specific request in this case is not medically necessary and appropriate.