

Case Number:	CM14-0141857		
Date Assigned:	09/10/2014	Date of Injury:	03/21/2013
Decision Date:	10/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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 Surgery and is licensed to practice in New York. 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 patient is a 37-year-old female who sustained an injury in March 2013. The patient complains of pain in the right upper extremity. The pain radiates from the shoulder to the elbows to the fingers. On physical examination the patient has pain and spasms in the bilateral shoulders. Both left and right shoulder range of motion is diminished. Impingement test is positive bilaterally. There is tenderness to palpation of both shoulders. Patient has been diagnosed with bilateral impingement syndromes. MRI the right shoulder in 2013 showed supraspinatus tendinosis. Patient had physical therapy and continues to have pain. At issue is whether shoulder surgery is medically necessary.

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 ACOEM Chapter 9 Shoulder Complaints Page(s): 209; 211; 214. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter: Surgery for Impingement Syndrome

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

Decision rationale: This patient does not meet established criteria for shoulder arthroscopy. The patient has been diagnosed with bilateral impingement syndrome; there is no documentation of recent shoulder injections and the results of such injections. There is no documentation that the patient has had a substantial trial and failure of conservative measures to include physical therapy for impingement syndrome. In addition, the MRI does not show any evidence of complete rotator cuff tear. Diagnosis of impingement syndrome is not clearly established and the medical records. Imaging studies and physical exam is not clearly support the diagnosis of impingement syndrome. The criteria for shoulder surgery has not been met, therefore, the request is not medically necessary.