

Case Number:	CM14-0143524		
Date Assigned:	09/10/2014	Date of Injury:	03/03/2014
Decision Date:	10/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/04/2014

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 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 48-year-old female who developed an onset of pain in the right shoulder following a work related injury on 03/03/14. The clinical records available for review included the progress report dated 07/19/14 noting continued complaints of shoulder pain. Physical examination revealed weakness with abduction that was limited to 90 degrees, positive Hawkin's and Neer impingement testing. The report of an MRI performed on 08/09/14 showed a partial undersurface tear of the supraspinatus and infraspinatus tendon with no full thickness pathology and a chronic appearance. There was a signal change at the superior labrum with an inferior capsular sprain. The medical records document that the claimant has failed conservative care of medications, activity restrictions, and physical therapy. This is a request for right shoulder arthroscopy, subacromial decompression, distal clavicle excision, biceps tenotomy and arthroscopic versus mini open rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Subacromial Decompression,arthroscopic distal clavicle excision,open tenodesis of the long head of the biceps tendon and arthroscopic versus mini-open rotat: 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 Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Partial claviclectomy (Mumford procedure)

Decision rationale: Based on California MTUS ACOEM Guidelines and supported by the Official disability Guidelines, the request for Right Shoulder Arthroscopy with Subacromial Decompression, arthroscopic distal clavicle excision, open tenodesis of the long head of the biceps tendon and arthroscopic versus mini-open rotat cannot be recommended as medically necessary. While the claimant presents with symptoms highly consistent with impingement and undersurface tearing of the rotator cuff, there is no documentation of three to six months of conservative care including injection therapy to satisfy the ACOEM Guideline criteria for surgery. ACOEM Guidelines state that conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. Based on the ACOEM Guideline criteria and the documentation provided for review, the requested surgery cannot be supported as medically necessary.