

Case Number:	CM14-0149697		
Date Assigned:	09/18/2014	Date of Injury:	11/07/2012
Decision Date:	11/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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:

36 year old female claimant with an industrial injury dated 11/07/12. EMG dated 03/11/13 reveal median neuropathy at the right wrist consistent with moderate carpal tunnel syndrome. Exam note 08/07/14 states the patient returns with cervical spine pain, right shoulder and right arm pain. The patient explains that there is numbness in the right thumb, right index finger, and right ring finger. Current medications include a Flector patch. Upon physical exam there was a tender disc on deep palpation at C6-7. Also there was evidence of positive impingement syndrome on the right shoulder. Diagnosis is noted as right shoulder impingement syndrome. Treatment plan includes a right shoulder arthroscopy, and decompression of subacromial space with partial acromioplasty with coracoacromial ligament.

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. Decision based on Non-MTUS Citation ODG Shoulder, Surgery for impingement syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation ODG shoulder section, Acromioplasty surgery

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 8/7/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 8/7/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is not medically necessary.