

Case Number:	CM14-0175138		
Date Assigned:	10/28/2014	Date of Injury:	01/13/2011
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/22/2014

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 Texas. 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 injured worker is a 60-year-old male who reported an injury on 01/13/2011. The mechanism of injury was not stated. The current diagnoses are left shoulder impingement with partial rotator cuff tear and status post right shoulder arthroscopic surgery with Mumford procedure. The injured worker was evaluated on 10/01/2014 with complaints of ongoing left shoulder pain with difficulty performing activities. Previous conservative therapy includes physical therapy, medications and trigger point injections. The physical examination revealed palpable tenderness over the subacromial region and acromioclavicular joint of the left shoulder and positive Neer's and thumb down test on the left. Treatment recommendations included left shoulder arthroscopic surgery. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Surgery with Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Surgery for Impingement Syndrome / Indications for Surgery -- Acromioplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 month, failure to increase range of motion and strength after exercise programs and clear clinical and imaging evidence of a lesion. Surgery for impingement syndrome is usually arthroscopic decompression. Conservative care, including cortisone injections can be carried out for at least 3 to 6 months. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment including cortisone injections. There was no imaging studies provided for this review. Therefore, the current request cannot be determined as medically necessary at this time.