

Case Number:	CM14-0210734		
Date Assigned:	12/23/2014	Date of Injury:	12/03/2002
Decision Date:	03/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

60-year-old female with reported industrial injury of December 3, 2002. Exam note October 23, 2014 demonstrates complaints of bilateral shoulder pain with numbness and tingling in all fingers. Decreased motion in the upper extremities and wrists were noted bilaterally. Diagnosis is made of impingement syndrome of the shoulder status post distal clavicle excision and rotator cuff repair in 2007 on the right with impingement syndrome. Diagnosis is also of a right and left shoulder impingement syndrome. Request is made for right shoulder arthroscopy with biceps tendon release and evaluation of subacromial space.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, decompression, bicep tendon release and evaluation of subacromial space: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation 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 10/23/14. 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 10/23/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is for non-certification.