

Case Number:	CM14-0212149		
Date Assigned:	01/02/2015	Date of Injury:	06/03/2009
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/18/2014

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:

53 year old male claimant with an industrial injury dated 06/03/09. MRI of the right shoulder dated 10/25/14 reveals an intact rotator cuff with atrophy to the supraspinatus muscle, circumferential tearing of the labrum and glenohumeral osteoarthritis. Conservative treatments have included physical therapy, medication, and immobilization with little benefit. Exam note 10/28/14 states the patient returns with right shoulder pain and instability. Upon physical exam the patient demonstrated a restricted range of motion with a forward flexion and external rotation. The patient revealed a 4/5 rotator cuff strength with supraspinatus weakness. Treatment includes a right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with debridement, possible labral repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 19th Edition, 2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-10. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Acromioplasty surgery, Labral tear 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 10/28/14. 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 10/28/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is for non-certification.