

Case Number:	CM15-0012740		
Date Assigned:	01/30/2015	Date of Injury:	01/04/2014
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

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:

The injured worker is a 57 year old female, who sustained an industrial left shoulder injury on 01/04/2014. The diagnoses have included cervical radiculopathy, wrist tendinitis/bursitis, and contusion of shoulder region. Treatments to date have included arm sling immobilization, cortisone injection, and medications. Diagnostics to date have included complete rotator cuff tear on MRI study according to a follow up report. In a progress note dated 12/04/2014, the injured worker presented with complaints of neck and left shoulder pain. The treating physician reported continued spasm, tenderness, and guarding of the paravertebral musculature of the cervical spine with loss of range of motion and referenced the QME report which recommended of a left shoulder arthroscopy with subacromial decompression, Mumford procedure, and possible rotator cuff repair. Utilization Review determination on 12/22/2014 non-certified the request for 1 Left Shoulder Arthroscopy without Subacromial Decompression and Mumford (distal clavicle resection) citing American College of Occupational and Environmental Medicine and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Shoulder Arthroscopy without subacromial decompression and Mumford (distal clavicle resection): 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 Official Disability Guidelines, Shoulder, Acromioplasty and Partial Claviculectomy

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 12/4/14. 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 12/4/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is for non-certification.