

Case Number:	CM15-0014874		
Date Assigned:	02/02/2015	Date of Injury:	08/10/2011
Decision Date:	05/13/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/26/2015

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, Indiana, Oregon
 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 51 year old female patient who sustained an industrial injury on 08/10/2011. A primary treating office visit dated 09/05/2014 reported the plan of care to involve obtaining an electric nerve conduction study of bilateral lower extremity, continue with medications, therapies to include acupuncture and core strengthening, referrals to neurologic surgeon, and psychologist, urine drug screening, and surgical intervention. She is to remain off from work. A secondary treating office visit dated 07/11/2014 reported chief complaints of bilateral knee pain and dysfunction following work injury. Current medication is Naproxen. She has undergone the following diagnostic tests: Magnetic resonance imaging and she is diagnosed with internal derangement with osteoarthritis of bilateral knees. The plan of care involved referral of nutritionist, total knee surgery is recommended, but the patient is in need of educational counseling regarding weight loss, surgical intervention, complications, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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 10/21/2014. 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 10/21/14 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the determination is not medically necessary.