

Case Number:	CM15-0015563		
Date Assigned:	02/03/2015	Date of Injury:	06/02/2014
Decision Date:	03/23/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/27/2015

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: New York, New Hampshire, Washington
 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 22 year old female who sustained an industrial injury on 06/02/2014. The current diagnoses include soft tissue lesion of shoulder region, biceps tendonitis, and strain of supraspinatus muscle and/or tendon. Treatments to date include medication management, injection, and physical therapy. Report dated 01/16/2015 noted that the injured worker presented with complaints that included severe left shoulder pain. Physical examination was positive for abnormal findings. The utilization review performed on 01/26/2015 non-certified a prescription for scope of left shoulder with subacromial decompression (SAD), rotator cuff repair, and possible biceps release based on the clinical information submitted did not support medical necessity. The reviewer referenced the ACOEM guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder 29826 29627 29828, Scope of shoulder with SAD, Rotator Cuff Repair, Possible Biceps Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208-220.

Decision rationale: 22 yo female with shoulder pain. MTUS criteria for shoulder surgery not met. There is no clear correlation between exam and imaging. There is no documentation of complete RC tear. No red flags for surgery are documented. MTUS criteria for shoulder surgery not met.