

Case Number:	CM15-0112825		
Date Assigned:	06/19/2015	Date of Injury:	12/22/2006
Decision Date:	07/17/2015	UR Denial Date:	05/17/2015
Priority:	Standard	Application Received:	06/11/2015

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 56 year old male, who sustained an industrial injury on 12/22/06. He reported pain in his left shoulder after a heavy object fell on him. The injured worker was diagnosed as having chronic pain in shoulder joint, left subacromial impingement, rotator cuff syndrome and chronic bicipital tenosynovitis. Treatment to date has included NSAIDs, Flexeril and a left shoulder MRI. As of the PR2 dated 4/10/15, the injured worker reports medium to moderate pain in his left acromion clavicular area. Objective findings include left abduction 0- 110 degrees, external rotation 0-5 degrees and anterior elevation 0-100 degrees. The treating physician noted that the injured worker has been unable to attend physical therapy due to financial difficulties. The treating physician requested a subacromial decompression (left shoulder), open biceps tenodesis (proximal), distal clavicle excision (left).

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial decompression (left shoulder), open biceps tenodesis (proximal), distal clavicle excision (left): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211, and 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery- Acromioplasty.

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. 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 4/10/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore the determination is not medically necessary.