

Case Number:	CM15-0061718		
Date Assigned:	04/07/2015	Date of Injury:	06/16/2014
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/01/2015

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 was a 51 year old male, who sustained an industrial injury, June 16, 2014. The injured worker previously received the following treatments physical therapy, right shoulder MRI, injections and medications. The injured worker was diagnosed with cervical radiculopathy, lumbosacral radiculopathy, shoulder tendinitis/bursitis and knee tendinitis /bursitis. According to progress note of April 2, 2015, the injured workers chief complaint was right shoulder pain. The injured worker rated the pain 9 out of 10; 0 being no pain and 10 being the worse pain. The injured worker had decreased range of motion of the right shoulder and sleeping difficulties, due to pain. The physical exam noted decreased range of motion of the paravertebral muscles of the cervical spine and lumbar spine. The right shoulder with decreased range of motion, positive Hawkin's testing and impingement syndrome. The O'Brien's compression testing was also positive. Right shoulder surgery was recommended. The treatment plan included right shoulder arthroscopic surgery with subacromial decompression and labral repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with subacromial decompression and labral repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, diagnostic arthroscopy section.

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 9/18/14. 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 3/5/15 does not demonstrate evidence satisfying the above criteria most notably the absence of relief with anesthetic injection. Therefore the requested procedure is not medically necessary.