

Case Number:	CM15-0071452		
Date Assigned:	04/21/2015	Date of Injury:	03/26/2013
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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 40-year-old female with an industrial injury dated 03/26/2013. Her diagnoses included bilateral carpal tunnel syndrome, status post carpal tunnel release; right shoulder pain with persistent tendinitis, right knee medial meniscal tear, Chondromalacia and subluxation of the patella; left knee plica syndrome and anterior horn medial meniscal tear and peripheral tear of the lateral meniscus. Prior treatments included physical therapy, home exercises, ice, limiting activity and medications. The injured worker presented on 03/13/2015 with complaints of bilateral shoulder and bilateral arm pain. She rates the pain as 7/10. Physical exam revealed tenderness in the right shoulder with a positive subacromial impingement sign. MRI 4/1/15 demonstrates mild supraspinatus and infraspinatus tendonitis. The left knee was also tender. The provider documents the injured worker had more pain since she had completed therapy. The treatment plan included surgical intervention of the right shoulder and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with debridement and subacromial decompression: 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 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 3/13/15. 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 progress note from 3/13/15 does not demonstrate evidence satisfying the above criteria. Therefore, the determination IS NOT medically necessary.