

Case Number:	CM13-0040973		
Date Assigned:	12/20/2013	Date of Injury:	03/21/2013
Decision Date:	04/03/2015	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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, Sports Medicine

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 37-year-old female who reported an injury on 03/21/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right arm. The injured worker's treatment history included physical therapy and medications. The injured worker underwent an MRI of the right shoulder on 05/07/2013 that documented there was supraspinatus tendinosis. The injured worker was evaluated on 10/10/2013. It was documented that the injured worker complained of right shoulder pain. Objective findings included limited range of motion in abduction to 75 degrees and 70 degrees in flexion. The injured worker had a positive impingement test of the right shoulder. The injured worker's diagnoses at that appointment included right shoulder impingement syndrome. The injured worker's treatment plan included right shoulder arthroscopy. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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 Chapter, Diagnostic Arthroscopy.

Decision rationale: The requested right shoulder arthroscopy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address diagnostic arthroscopy. Official Disability Guidelines recommend diagnostic arthroscopy of the shoulder when signs and symptoms are not consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has restricted range of motion and evidence of impingement with pain complaints of the right shoulder consistent with pathology to include supraspinatus tendinosis identified on the imaging study on 05/07/2013. Additionally, the clinical documentation does indicate that the injured worker has failed to respond to extensive conservative treatment; however, as the injured worker's signs and symptoms are consistent with pathology identified on the imaging study, a diagnostic arthroscopy would not be supported. As such, the requested right shoulder arthroscopy is not medically necessary or appropriate.