

Case Number:	CM13-0002188		
Date Assigned:	12/27/2013	Date of Injury:	12/19/2012
Decision Date:	03/11/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 33-year-old female who sustained an injury to her right shoulder on 12/19/12. Clinical records for review included an MRI report of the right shoulder dated 04/15/13 that showed no evidence of full-thickness or retracted rotator cuff tearing with a documented small articular surface partial tear to the supraspinatus. Orthopedic reassessment on 12/18/13 by [REDACTED] gave the claimant a diagnosis of chronic right shoulder impingement syndrome with partial-thickness rotator cuff tear failing conservative care that included physical therapy, medication management, and previous injections. Physical examination demonstrated 4/5 strength with isolated empty-can testing of the supraspinatus, a positive impingement sign, and positive tenderness over the acromioclavicular joint. Based on failed conservative care, diagnostic arthroscopy with debridement of the rotator cuff with possible repair and consideration for a distal clavicle resection based on the intraoperative findings was recommended.

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, distal clavicle resection:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Based on California MTUS ACOEM 2004 Guidelines and supported by Official Disability Guidelines criteria, the surgical process Right Shoulder Arthroscopy with Subacromial Decompression, distal clavicle resection would appear warranted. The claimant has failed greater than six months of conservative measures including injection therapy and has documentation of acromioclavicular joint findings and partial-thickness rotator cuff tearing on imaging. Based upon the ACOEM Guidelines, failed conservative care would support the role of the operative procedure in question.

Rotator Cuff Repair vs. Debridement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: Also based on California MTUS ACOEM 2004 Guidelines, the request for rotator cuff repair versus debridement would appear warranted based upon the imaging. The claimant would be a reasonable candidate for the surgical process in this case. This would include assessment of the rotator cuff, which is noted to be with partial-thickness tearing on MRI scan. The role of intraoperative determination of a debridement versus repair would be supported.

8 Post operative Physical Therapy visits:

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS postsurgical rehabilitative 2009 guidelines, eight initial sessions of postoperative therapy would also be supported. The clinical records support the role of the operative intervention. Thus, the role of eight initial sessions of physical therapy would appear reasonable postoperatively.