

Case Number:	CM13-0008182		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2010
Decision Date:	02/24/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/06/2013

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 Sports Medicine 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:

The patient is a 31-year-old male who reported an injury on 06/22/2010, after he flipped a table, which caused a pop in his left shoulder. The patient underwent shoulder arthroscopy with rotator cuff repair in 2010. The patient developed chronic shoulder pain that was managed with medications. The patient's treatment history included shockwave therapy, pain management, chiropractic care, acupuncture, and physical therapy. The patient underwent an MR arthrogram of the left shoulder in 07/2011 that revealed a labral repair without evidence of a recurrent tear, and a full thickness tear of the posterior fibers of the supraspinatus tendon. The patient underwent an MRI of the left shoulder on 10/11/2013 that revealed acromioclavicular arthrosis compressing the supraspinatus, type 1 acromion, thickening of the anterior inferior glenohumeral ligament suggestive of adhesive capsulitis. The patient's most recent clinical examination findings revealed 8/10 to 9/10 shoulder pain interfering with the patient's ability to sleep. The physical findings included cervical spinal tenderness and bilateral shoulder tenderness with a positive cervical spinal compression test and a positive impingement test. The patient's diagnoses included a sprain/strain of the infraspinatus and a sprain/strain of the neck. Surgical intervention was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left shoulder arthroscopy with rotator cuff repair, subacromial decompression and debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The requested repeat left shoulder arthroscopy with rotator cuff repair, subacromial decompression and debridement is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends rotator cuff repair for patients with significant tears that impair activities by causing weakness of arm elevation or rotation. The clinical documentation submitted for review does not specifically identify significant weakness of the arm or significant limitations in activities. Additionally, the most recent clinical documentation submitted for review does provide evidence that the patient is receiving conservative treatment. The efficacy of that treatment would need to be determined prior to surgical intervention. As such, the requested repeat left shoulder arthroscopy with rotator cuff repair, subacromial decompression and debridement is not medically necessary or appropriate.