

Case Number:	CM13-0017978		
Date Assigned:	12/11/2013	Date of Injury:	03/29/2013
Decision Date:	01/22/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/28/2013

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 Pennsylvania. 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 claimant is a 46-year-old right hand dominant female with reports of right shoulder pain since at least 2009. The claimant reports tenderness over the acromioclavicular joint and has mildly limited motion. The claimant is reported to have mild pain with resisted abduction. The claimant has been treated with home exercises and medications. Although therapy was ordered, she initially did not perform therapy. Her primary diagnosis was initially given as right shoulder impingement syndrome. The claimant later reported ongoing symptoms despite physical therapy and medications. An MRI was later ordered and performed on 7/8/13. The study was noted by the radiologist to show a full thickness supraspinatus tear measuring 11 x 7 mm. in size with associated bursitis. The claimant reported ongoing difficulties with difficulty sleeping, and surgery was recommended to repair the rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with open repair rotator cuff, shoulder acromioclavicular joint resection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208-209.

Decision rationale: The requested surgery would appear reasonable for this 46-year-old claimant. The claimant has failed conservative care including medications and therapy. A corticosteroid injection would not be expected to be helpful in the presence of a full thickness rotator cuff tear. California MTUS Guidelines generally allow for rotator cuff repair in patients that have significant tears that impair activities and are associated with pain and weakness. The MRI showed a significant tear and, therefore, the claimant appears to meet appropriate guidelines for the surgery based on the information reviewed and the presence of a full thickness defect.