

Case Number:	CM13-0019807		
Date Assigned:	10/11/2013	Date of Injury:	03/13/2008
Decision Date:	01/03/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

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.

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 46-year-old male who was injured in a work related accident on March 3, 2008. The clinical records for review specific to the patient's left shoulder demonstrate a prior MR arthrogram performed on December 18, 2012 showing moderate rotator cuff tendinosis with thinning and possible partial thickness tearing of the distal fibers of the supraspinatus with a longitudinal partial detachment of the superior labrum and chondral thinning with fissuring of the glenoid. The patient was noted to be with prior history of surgical intervention to the shoulder in the form of a January 2009 diagnostic arthroscopy with Mumford procedure, lysis of adhesions and subacromial decompression. A second procedure took place on November 22, 2011 in the form of a labral excision, acromioplasty, Mumford procedure and lysis of adhesions. The most recent clinical progress report of July 25, 2013 showed bilateral shoulder complaints where the patient was seen by [REDACTED]. He was diagnosed with a sprain of the rotator cuff. Surgical intervention in the form of an arthroscopy and rotator cuff repair was recommended for further treatment. Recent clinical records do not demonstrate specific conservative care that has been utilized over the short term.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left shoulder arthroscopy and rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Based on California ACOEM Guidelines, rotator cuff repair surgery is indicated for significant tears that impact activities causing weakness with arm elevation and rotation. In this case, the employee is status post at least two previous shoulder procedures with an MR arthrogram that does not demonstrate full thickness rotator cuff pathology. The employee's physical examination does not demonstrate current weakness. Information with respect to conservative care is vague and there is no indication of prior injection therapy. Given the employee's significant surgical history and lack of full thickness findings on imaging, surgical process would not be supported at present. The request for left shoulder arthroscopy and rotator cuff repair is not medically necessary and appropriate.