

Case Number:	CM13-0024164		
Date Assigned:	11/20/2013	Date of Injury:	12/13/2007
Decision Date:	02/11/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/13/2013

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:

The claimant is a 42-year-old gentleman injured 12/13/07. Specific in this case to the claimant's right shoulder reviewed was an MR arthrogram dated 08/11/13 that shows prior SLAP repair with no indication of labral detachment, bursal side supraspinatus tendon partial tearing, a partial tear to the right biceps anchor, moderate tenodesis and prior changes consistent with a previous subacromial decompression and distal clavicle excision. A follow up orthopedic report of 08/19/13 with [REDACTED], indicated continued complaints of pain about the shoulder stating initial injury occurred while falling from a ladder and that operative procedure took place in November 2009. Physical examination findings that date showed 4/5 motor strength with no other findings documented. It states that the claimant has failed a recent course of conservative care with surgical intervention recommended in the form of an arthroscopy, rotator cuff repair, biceps tendon release and revision decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic rotator cuff repair, biceps tendon release and SAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation , Shoulder Chapter, surgery for rotator

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure - Surgery for ruptured biceps tendon.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the role of the operative process would not be indicated. Records indicate the claimant has previously undergone subacromial decompression and has an MR arthrogram that does not demonstrate full thickness rotator cuff pathology. The role of a revision procedure to include a rotator cuff repair at this chronic stage in clinical course of care would not be supported by current physical examination findings or imaging.

Surgical assistant: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Shoulder sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Initial post op physical therapy for right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary