

Case Number:	CM13-0024943		
Date Assigned:	12/13/2013	Date of Injury:	04/03/2008
Decision Date:	02/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

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 patient is a 60-year-old gentleman who was injured in a work related accident on 04/03/08. Clinical records for review indicate an MR arthrogram performed to the claimant's left shoulder, but no formal documentation of right shoulder imaging findings noted. It is noted that the claimant recently underwent a 03/22/13 left shoulder arthroscopy, subacromial decompression, and rotator cuff and labral debridement. Postoperatively for review, due to continued pain, was an MR arthrogram of the left shoulder, which was reviewed from 08/06/13 that showed bursal surface, partial thickness tearing to the supraspinatus and continued glenoid labral tearing consistent with the claimant's operative report. There was distal retraction of the proximal biceps also consistent with prior surgical process. The claimant's most recent assessment with [REDACTED], on 08/29/13 reviewed the claimant's recent MR arthrogram findings and showed a physical examination with slightly restricted range of motion and positive impingement testing. Based on the failed postoperative care, revision procedure was recommended in the form of a shoulder arthroscopy with rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, shoulder surgical; with rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

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

Decision rationale: The Physician Reviewer's decision rationale: Based on California ACOEM Guidelines, a rotator cuff repair procedure would not be indicated. The claimant's MR arthrogram findings are consistent with the claimant's operative report of March 2013, at which time the rotator cuff was debrided. There was no indication of a full thickness pathology at prior operative intervention. There is currently no indication of full thickness pathology on recent MR arthrogram findings available for review. Given the claimant's postoperative course of care to date and imaging for review, there is no apparent indication of significant change in postoperative clinical findings to support or necessitate the role of a revision procedure, particularly in regard to a request for rotator cuff repair.