

Case Number:	CM13-0025969		
Date Assigned:	09/12/2014	Date of Injury:	07/15/2010
Decision Date:	10/14/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Texas. 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 expert 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 injured worker is a 49-year-old male who reported injury on 07/15/2010. The mechanism of injury was the injured worker had a slip and fall in a pit approximately 2 and a half feet down. The injured worker underwent an MRI of the right shoulder on 09/08/2010 which revealed a high grade partial thickness tear of the anterior fibers of the distal supraspinatus tendon with 8 mm of medial retraction of the partially torn fibers, mild infraspinatus tendinosis, mild glenohumeral chondromalacia and no other significant findings. The injured worker underwent a left shoulder arthroscopic SLAP lesion repair, subacromial decompression and Mumford procedure on 04/18/2011. The conservative treatment included medication and physical therapy. The documentation of 05/16/2013 revealed the injured worker had complaints of persistent right shoulder pain. Upon examination the right shoulder was tender about the biceps tendon and acromioclavicular joint. The injured worker had active abduction of 120 degrees and flexion of 130 degrees. The diagnoses included right shoulder impingement syndrome with acromioclavicular joint pain and possible rotator cuff tear. The treatment plan included a right shoulder arthroscopic subacromial decompression and Mumford procedure with possible arthrotomy for rotator cuff repair. There were detailed Request for Authorization Forms submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right shoulder arthroscopic subacromial decompression and Mumford procedure, possible arthrotomy for cuff repair: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that surgical consultations may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months plus the existence of a surgical lesion. There should be documentation of a failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion. There should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination to support a surgical procedure. The injured worker had an MRI with objective findings. However, there was a lack of documentation of the duration and type of recent conservative care to support that the injured worker had exhausted all conservative treatment. Given the above, the request for outpatient right shoulder arthroscopy subacromial decompression and Mumford procedure, possible arthrotomy for cuff repair is not medically necessary.