MAXIMUS Federal Services

Case Number:	CM13-0031763		
Date Assigned:	12/04/2013	Date of Injury:	07/22/2011
Decision Date:	01/11/2014	UR Denial Date:	08/30/2013
Priority:	Expedited	Application Received:	10/04/2013

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:

54 year old female with date of injury 7/22/11. Patient with low back pain and leg pain status post microdiscectomy L5/S1. 12/6/12 exam demonstrates right shoulder pain. MRI 11/12/12 right shoulder demonstrates high grade partial tear of infraspinatus tendon. Physical examination demonstrates limited range of motion and positive impingement sign. Examination note from 9/5/13 demonstrates objective findings of range of motion right shoulder with flexion 90 degrees and abduction 90 degrees. Report of provocative testing on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy and repair of rotator cuff: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 209-211. Decision based on Non-MTUS Citation ODG Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Indications for Surgery, Rotator Cuff Repair..

Decision rationale: Based on the records reviewed there is insufficient evidence of significant impairment in function or pain with active arc of motion from 90-130 degrees and lack of evidence of temporary pain relief with anesthetic to warrant surgical intervention. Therefore the determination is not medically necessary and is non-certified.