

Case Number:	CM13-0036270		
Date Assigned:	12/13/2013	Date of Injury:	02/16/2012
Decision Date:	06/03/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

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 Surgery, and is licensed to practice in Arizona. 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:

This is a 62-year-old male who sustained an injury on 2/16/2012 to his left shoulder. He underwent an arthroscopy and an attempted repair of the rotator cuff on 2/4/2013. However, the tear could not be repaired and the patient has been having physical therapy since the arthroscopy. As a result of his left shoulder pain, the patient was using his right arm to lift and sustained an injury to that shoulder and it was diagnosed as a long head of the biceps tendon rupture and an underlying rotator cuff tendon tear. In the progress note on 12/6/2012, there was a discussion about therapy for the right shoulder to address early adhesive capsulitis. The progress note on 4/9/2013, states an MRI scan of the right shoulder is recommended together with a stepped approach with respect to the right shoulder including cortisone injection, physical therapy, and eventually consideration for shoulder arthroscopy to address underlying rotator cuff tear. However, there is no documentation of physical therapy to the right shoulder and there is no documentation of any type of injection to the shoulder. There is no documentation except in the physical therapy notes of the range of motion of the right shoulder; abduction, flexion was normal, external rotation was mildly limited. There is no documentation of any functional improvement or worsening of the right shoulder. There is no documentation of any imaging studies of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY DEBRIDEMENT OF THE RIGHT SHOULDER: 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): 209-212.

Decision rationale: Surgical consideration may be indicated for patients who have activity limitation for more than 4 months plus existence of a surgical lesion. There is no documentation of the patient's activity limitations as a result of his right shoulder problem as opposed to his left shoulder problem and there is no documentation to verify a surgical lesion. Another surgical indication is failure to increase range of motion or strength of the musculature around the shoulder even after an exercise program plus a surgical lesion. When comparing the right shoulder to the left, the physical therapist noted the range of motion of the right shoulder to be almost normal yet there was mention of early adhesive capsulitis with limitation of motion in a previous progress note. It appears that the patient's function may be improving. There is no documentation of a clinical or imaging lesion that would benefit from surgical repair. Therefore, without the documentation to support the need for arthroscopic surgery, this request cannot be considered medically necessary and appropriate.