

Case Number:	CM13-0039352		
Date Assigned:	12/18/2013	Date of Injury:	03/27/2013
Decision Date:	02/27/2014	UR Denial Date:	09/20/2013
Priority:	Standard	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 Sports Medicine 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 53-year-old male who reported an injury on 03/27/2013 due to lifting a heavy object that reportedly caused injury to the patient's right shoulder. The patient underwent an MRI of the shoulder that revealed partial thickness tear of the distal supraspinatus tendon and a tear of the anterior superior glenoid labrum with acromioclavicular joint hypertrophy. The patient's most recent clinical evaluation reveals that the patient has difficulty sleeping secondary to pain. The patient has objective complaints of pain, weakness, and stiffness of the right arm. Range of motion of the right arm was significantly limited and described as 85 degrees in flexion, 20 degrees in extension, 80 degrees in abduction, 30 degrees in adduction, and 70 degrees in internal and external rotation with a positive right-sided impingement sign and a positive provocative test on the right. The patient was treated conservatively with physical therapy and medications; however, had persistent pain complaints and significantly restricted range of motion. The patient's diagnoses included right shoulder impingement with rotator cuff tear and adhesive capsulitis and a cervical strain. It is noted that the patient is diabetic and a corticosteroid injection would be contraindicated. Therefore, the patient's treatment plan included right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder surgery, unspecified, as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The requested right shoulder surgery unspecified as outpatient is medically necessary and appropriate. The clinical documentation submitted for review does provide clarification of the submitted request. It is noted a supplemental report in orthopedic dated 10/03/2013 that the intended surgery included arthroscopy, subacromial decompression and possible rotator cuff repair. The American College of Occupational and Environmental Medicine recommend rotator cuff repair when the patient has failed to respond to conservative treatments and there is a lesion evident on an imaging study corroborated by physical findings that would benefit from surgical intervention. The clinical documentation submitted for review does provide evidence that the patient has physical findings consistent with impingement syndrome. An MRI study does indicate that the patient has a partial thickness tear of the rotator cuff of the right shoulder. Additionally, the patient has failed to respond to physical therapy and medications. The patient has significantly restricted range of motion and complaints of significant pain interfering with activities of daily living. Therefore, arthroscopic subacromial decompression and possible rotator cuff repair is indicated. As such, the requested right shoulder surgery, unspecified, as outpatient is medically necessary and appropriate.