

Case Number:	CM13-0040808		
Date Assigned:	12/20/2013	Date of Injury:	05/25/2010
Decision Date:	03/17/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/14/2013

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 was injured in a work related accident on 05/25/10. A recent clinical assessment dated 09/18/13 documented a diagnosis of shoulder full thickness rotator cuff tearing bilaterally. Specific to the patient's right shoulder, there was an examination that showed restricted abduction to 140 degrees with no other specific findings documented. Previous MR arthrogram of the right shoulder dated 05/30/12 showed a full thickness tear to the supraspinatus tendon with mild bicipital tendinosis and mild AC joint arthrosis. It was also documented that the patient has failed conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a right shoulder arthroscopic subacrominal decompression and Mumford procedure: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 560-561.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure - Partial claviclectomy (Mumford procedure).

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, a subacromial decompression and a Mumford procedure would appear warranted. While the patient is noted to have a delayed presentation, the presentation is that of a full thickness rotator cuff tear with AC joint arthrosis from MR arthrogram available for review. The role of surgical fixation at this stage in the claimant's clinical course of care with failed conservative measures noted would appear medically necessary.

request for a possible arthrotomy for rotator cuff repair: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California ACOEM Guidelines, the role of a rotator cuff repair would appear warranted. The claimant's MR arthrogram shows substantial full thickness tearing to the supraspinatus. Given the failed conservative care and the claimant's continued subjective complaints, the role of operative intervention appears medically necessary.