

Case Number:	CM13-0042412		
Date Assigned:	12/27/2013	Date of Injury:	01/08/2013
Decision Date:	02/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/17/2013

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 Surgeon, 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 55-year-old male who reported an injury on 01/08/2013 after he lifted 2 buckets of paint, which caused injury to the bilateral shoulders. The patient ultimately underwent right shoulder surgery in 04/2013 and received postsurgical treatment to include immobilization, pain medications, physical therapy, and injection therapy. The patient continued to complain of left shoulder symptoms that were nonresponsive to medications and injection therapy. The patient's most recent clinical examination findings included internal rotation of the left hip to the posterior hip, and left abduction described as 30 degrees with a positive impingement sign of the left shoulder. The patient's diagnoses included impingement syndrome of the bilateral shoulders and traumatic rotator cuff tear of the bilateral shoulders. The patient's treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of ruptured musculotendinous cuff: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-210.

Decision rationale: Repair of the ruptured musculotendinous cuff is not medically necessary or appropriate. The [REDACTED] recommends surgical intervention for shoulder injuries when there is clear clinical imaging evidence of a lesion that has shown benefit from surgical repair, and a failure to respond to conservative treatments with activity limitations. The clinical documentation submitted for review does provide evidence that the patient has significantly limited range of motion and a positive impingement sign that has failed to progress with physical therapy, medications, and injection therapy. However, the requested surgery is not supported by the original independent interpretation report of the patient's MRI. Therefore, the need for surgical intervention cannot be clearly determined. As such, the requested repair of the ruptured musculotendinous cuff is not medically necessary or appropriate