

Case Number:	CM13-0042916		
Date Assigned:	12/27/2013	Date of Injury:	04/29/2003
Decision Date:	03/12/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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 is a 64-year-old gentleman who was injured in a work related accident on 04/29/03. The clinical records included an operative report of April 2009 documenting left shoulder arthroscopy with rotator cuff repair, biceps tendinopathy, subacromial decompression, and labral repair. A recent progress report dated 08/26/13 by [REDACTED] noted continued complaints of increased pain about the neck and left shoulder. Objectively, there was a positive Spurling's test documented with no physical examination of the shoulder noted. Diagnosis was cervical disc disease and left shoulder rotator cuff repair and surgical intervention for both the shoulder and the cervical spine were recommended. Additional records reviewed indicated that the claimant had previously undergone a rotator cuff repair twice for the left shoulder. Current treatment included physical therapy, medication management, a TENS unit, and activity restrictions. A report of a 04/08/13 cervical MRI report showed multilevel disc desiccation and foraminal changes and an MRI of the left shoulder dated 02/03/11 revealed rotator cuff pathology in the form of a recurrent tear. Based upon the clinical records, it is unclear as to when the claimant's second surgical process took place. At present, there is a request for "surgical intervention for the cervical spine and left shoulder."

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Intervention for cervical and left shoulder surgery (specific CPT codes, inpatient/outpatient, and/or procedures not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 165, 180; 210.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the recommendation for the surgical process in this case would not be indicated. First and foremost, the specific surgical procedure to be performed is not documented. There would be no way to formally support the role of the request for "surgical intervention for cervical and left shoulder surgery: without better understanding of the claimant's clinical course of care, the surgery being requested or current physical examination findings. While it is noted that this claimant has had two prior rotator cuff repairs procedures, the role of operative intervention based on the information available does not support the surgical request.