MAXIMUS Federal Services

Case Number:	CM13-0043871		
Date Assigned:	12/27/2013	Date of Injury:	11/27/2011
Decision Date:	04/18/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/25/2013

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 Texas. 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:

The patient is a 48-year-old male who reported a work-related injury on 11/27/2011 as a result of strain to the left shoulder. Subsequently, the patient is status post repair of a right rotator cuff tear, partial acromionectomy of the right shoulder with release of the coracoacromial ligament and Mumford procedure of the right shoulder as of 12/07/2012. MRI of the left shoulder dated 06/18/2013 signed by [redacted] revealed: (1) Thinning of the supraspinatus portion of the rotator cuff with no identifiable tear noted. There was no increased fluid in the subacromial or subdeltoid bursa. (2) No retraction of muscle planes. (3) Increasing degenerative changes of the acromioclavicular joint minimally impinging on the rotator cuff. The amount of impingement appears to be the same as a previous exam. (4) Prominent cleft in the superior labra of the glenoid but no tears. (5) Metal artifact in the humeral head from anchors in the humeral head related to the patient's previous surgical intervention. The clinical note dated 09/05/2013 reports the patient was seen in clinic under the care of [redacted]. The provider documents recent injections about the shoulder afforded the patient no relief. The provider documented upon physical exam of the patient, motor, tone and sensation were intact. The provider documents the patient reports decreased abduction power and painful range of motion with significant tenderness to palpation about the subacromial area and over the AC joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPAIR LEFT SHOULDER CUFF-PARTIAL ACROMIONECTOMY, MUMFORD INVOLVING RESECTION OF THE DISTAL CLAVICLE AND REMOVAL OF THE OLD RETAINED STAPLE: 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): 211.

Decision rationale: The current request is not supported. California MTUS/ACOEM indicates there must be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical notes failed to document the patient presents' status post exhaustion of conservative treatment specifically for the left shoulder. The clinical notes reviewed specifically for the requested operative procedure did not evidence any physical therapy notes documenting the patient's duration, frequency, efficacy or course of treatment. In addition, quantifiable documentation of the patient's objective functional deficits upon physical exam was not evidenced. Given all of the above, the request for repair left shoulder cuff-partial acromionectomy, Mumford involving resection of the distal clavicle and removal of the old retained staple is neither medically necessary nor appropriate.