

Case Number:	CM13-0045466		
Date Assigned:	12/27/2013	Date of Injury:	10/15/2008
Decision Date:	07/22/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopaedic Surgery. 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 41-year-old female patient sustained an industrial injury on 10/15/08. The injury occurred when she attempted to move a cart. The patient underwent right shoulder arthroscopy with Mumford procedure and subacromial decompression on 2/6/09. The left shoulder MRI dated on 7/10/13 revealed a partial thickness rotator cuff tear. A left shoulder subacromial injection on 9/13/13 provided one week of relief before her pain returned to baseline. Records indicated the patient attended 6 visits of physical therapy (PT) for the lumbago with right leg sciatica and rotator cuff strengthening from 9/16/13 to 10/4/13. The 10/7/13 treating physician report cited on-going left shoulder pain with internal rotation and overhead activity. The patient had failed attempted return to work. Left shoulder physical exam documented forward flexion 130 degrees, abduction 100 degrees, external rotation 70 degrees, equivocal lift-off test, negative Speed's and Yergason's tests, very positive O'Brien's test, and 4/5 strength with forward flexion and abduction. The treatment plan recommended left shoulder arthroscopy with rotator cuff debridement versus repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT SHOULDER ARTHROSCOPY WITH ROTATOR CUFF DEBRIDEMENT VS REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Shoulder chapter.

Decision rationale: The California MTUS guidelines do not address rotator cuff repair for chronic injuries. The Official Disability Guidelines for rotator cuff repair of partial thickness tears require 3 to 6 months of conservative treatment plus weak or absent abduction and positive impingement sign with a positive diagnostic injection test. Guideline criteria have been met. There is no detailed documentation that recent comprehensive conservative treatment had been tried for 3 to 6 months and had failed. Records indicated improvement in abduction strength from 4-/5 to 4/5 with 6 recent visits of physical therapy. Therefore, this request for left shoulder arthroscopy with rotator cuff debridement versus repair is not medically necessary.