

Case Number:	CM13-0045752		
Date Assigned:	12/27/2013	Date of Injury:	09/15/2008
Decision Date:	03/08/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 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 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 61-year-old male, who reported an injury on 09/15/2008. The patient is currently diagnosed with traumatic arthritis in the shoulder and subscapularis. The patient was seen by the provider on 12/02/2013. The patient reported increasing pain. Physical examination revealed 95 degrees forward elevation, 30 degrees external rotation, 4/5 strength, and intact sensation. The treatment recommendations included an authorization for a left shoulder revision and open rotator cuff repair.

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 (EG, Rotator Cuff) Open, Chronic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for rotator cuff repair.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise

programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. As per the documentation submitted for review, the patient underwent left shoulder arthroscopic subacromial decompression with labral debridement, biceps tenotomy, and chondroplasty on 04/24/2009. The patient subsequently underwent a total left shoulder arthroplasty on 05/25/2011. The patient also underwent a third procedure on 05/22/2012, including open surgical biceps tendon repair and repair of the torn shoulder muscle. There were no recent imaging studies provided for review documenting evidence of a partial or full thickness rotator cuff tear. The patient's latest x-ray of the left shoulder was documented on 06/29/2013, and indicated no evidence of hardware complication. There is also no documentation of 3 to 6 months of conservative treatment, including physical therapy. Based on the clinical information received, the medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.