

Case Number:	CM13-0047838		
Date Assigned:	12/27/2013	Date of Injury:	12/16/2011
Decision Date:	03/06/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 58-year-old male who reported an injury on 12/16/2011 due to a fall that caused injury to his neck, upper back, lower back, right shoulder, and chest. The patient was conservatively treated with physical therapy, aquatherapy, and medications. The patient's most recent clinical examination revealed that the patient had continued pain complaints of the low back, upper back, and right shoulder. A treatment recommendation was made for right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder scope possible open rotator cuff repair: 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): 209-210.

Decision rationale: The requested right shoulder scope with possible open rotator cuff repair is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention be based on clinical findings that are supported by an imaging study for a lesion that would benefit from surgical intervention. The

clinical documentation submitted for review does indicate that the patient previously underwent an MRI of the right shoulder. However, that imaging studies was not provided for review. Therefore, the need for surgical intervention cannot be determined. Additionally, American College of Occupational and Environmental Medicine recommends surgical intervention for patients who have significantly impaired functional capabilities that have failed to respond to conservative treatments. The clinical documentation submitted for review does not provide any evidence that the patient has exhausted all conservative treatments. There is no documentation that the patient has had any corticosteroid injections for this injury. Additionally, there are no significant clinical findings to support impaired activities that would benefit from surgical intervention. As such, the requested right shoulder scope, possible open rotator cuff repair is not medically necessary or appropriate.