

Case Number:	CM13-0050118		
Date Assigned:	06/09/2014	Date of Injury:	03/23/2012
Decision Date:	12/18/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 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 33-year-old female who has submitted a claim for acromioclavicular sprain and strain associated with an industrial injury date of March 23, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of shoulder pain. On examination, the patient demonstrated pain with resisted abduction and forward flexion with a remarkably positive impingement sign. An MRI done in April documented a high-grade partial-thickness tear of the supraspinatus tendon with degenerative change in the anterior superior labrum suggestive of a superior labral anterior posterior (SLAP) lesion. Treatment to date has included chiropractic treatment, physiotherapy, and physical therapy. The Utilization review from November 7, 2013 denied the request for left shoulder arthroscopy, rotator cuff repair, subacromial decompression (sad) because the record does not document other conservative measures/outcomes. It also cited that an MRI report was not provided for review, the patient's BMI and tobacco use history was not provided and that finally the medical record documentation provided for review does not support the requested surgical procedure as being clinically necessary. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, rotator cuff repair, subacromial decompression (SAD): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

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

Decision rationale: According to pages 209-211 of the ACOEM Practice Guidelines referenced by CA MTUS, rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. In addition, conservative care including cortisone injections can be carried out for at least three to six months before considering surgery. ACOEM guidelines indicate that conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment but without the surgical risks. Guidelines further indicate that surgical outcomes are not as favorable in older patients with degenerative changes about the rotator cuff. In this case, left shoulder arthroscopy, rotator cuff repair and subacromial decompression is being recommended primarily to improve the patient's functional capability and to provide significant pain relief. Although the patient had prior chiropractic treatment and physical therapy, there was no evidence that the patient had previous cortisone injections. There was no indication that other recommended conservative treatment options have been exhausted in this patient. Therefore, the request for left shoulder arthroscopy, rotator cuff repair, subacromial decompression (sad) is not medically necessary.