

Case Number:	CM13-0050358		
Date Assigned:	12/27/2013	Date of Injury:	04/24/2012
Decision Date:	05/19/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/13/2013

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 Pennsylvania. 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:

Specific request in this case is in regards to the claimant's right shoulder. A September 20, 2013 handwritten progress report indicated continued complaints of right shoulder pain persistent in nature with examination showing tenderness to palpation with diminished range of motion. Recommendations at that time were for a surgical arthroscopy, subacromial decompression and rotator cuff repair procedure. Formal documentation of imaging to the shoulder is not noted. It is unclear as to the degree of conservative care which has been utilized. At present there are recommendations for surgery to include an arthroscopic versus open rotator cuff repair with subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL PROCEDURE; RIGHT SHOULDER ARTHROSCOPIC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation); ODG (Shoulder Chapter) Indications for Surgery - Rotator cuff repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211.

Decision rationale: CA MTUS Guidelines would not support the need of the proposed surgery in question. CA MTUS states, "Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers." While the clinical records indicate continued complaints of pain, there is no documentation of weakness or documentation of clinical imaging supportive of rotator cuff pathology. When taking into account the lack of documentation of the claimant's recent conservative care, the role of surgical intervention in the form of arthroscopy with a subacromial decompression with potential rotator cuff repair would not be supported.