

Case Number:	CM13-0050393		
Date Assigned:	12/27/2013	Date of Injury:	11/14/2003
Decision Date:	06/30/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/29/2013

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 60 year old female with an injury on 11/14/03. Exam notes from 6/1/11 reveal the patient fell on 5/18/04 injuring her neck, shoulders, low back, left foot and knees. An MRI from 5/14/13 demonstrates no fracture, dislocation or subluxation. No bone marrow edema or abnormal bony signal within the humeral head is present. There is nearly a full thickness tear seen at the supraspinatus attachment to the humeral head and 1.2 cm medial retraction. There is a mild amount of fluid in the glenohumeral joint, tracking into the subacromial bursa, consistent with bursitis. Exam notes from 9/16/13 demonstrate bilateral shoulder pain with right shoulder exam showing supraspinatus and AC tenderness. Exam reveals positive impingement sign with painful motion and flexion. Request is for a right shoulder arthroscopic subacromial decompression and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION AND ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Both the ACOEM Guidelines and ODG criteria have not been met in this case. There is no evidence in the records of failure of 3-6 months of conservative care or improvement with anesthetic injection. While the MRI from 5/14/13 of the right shoulder does show a near full thickness tear, the ODG criteria have not been fully satisfied. Therefore, the request is not medically necessary and appropriate.