

Case Number:	CM13-0051389		
Date Assigned:	12/27/2013	Date of Injury:	02/05/2011
Decision Date:	03/14/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 48-year-old male who reported an injury on 02/05/2011. The patient was reportedly injured when he was struck by a bull, causing multiple injuries. The patient was seen by [REDACTED] on 10/18/2013. The patient underwent surgical intervention in the form of a subscapularis and rotator interval repair on 09/08/2011. The patient reports persistent pain involving bilateral shoulders. The physical examination revealed limited range of motion of the right shoulder, weakness, and positive lift off sign. The treatment recommendations included a right shoulder arthroscopy, debridement, AC joint resection, and revision rotator cuff surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

AC joint resection open, revision rotator cuff surgery right shoulder arthroscopy, debridement limited: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation ODG (Shoulder Chapter).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-210.

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, the patient's physical examination only revealed weakness with slightly limited range of motion. The patient's latest MRI documented in 06/2012 indicated a small full thickness tear in the distal supraspinatus portion of the rotator cuff without retraction. However, there is no evidence of a recent failure to respond to conservative treatment, including exercise therapy. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.