

Case Number:	CM13-0051408		
Date Assigned:	12/27/2013	Date of Injury:	10/02/2012
Decision Date:	03/12/2014	UR Denial Date:	11/07/2013
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 Surgeon, 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 50-year-old male who reported an injury on 10/02/2012. The patient is currently diagnosed with labrum detachment, sprain of the shoulder rotator cuff, and localized primary osteoarthritis of the shoulder region. The patient was seen by [REDACTED] on 10/29/2013. Physical examination revealed tenderness of the acromioclavicular joint and bicipital groove, tenderness of the subacromial bursa and glenohumeral joint region, 90 degrees abduction, 90 degrees internal rotation, popping, and pain at the ER and biceps maneuver, and positive Hawkins and Speed's testing. Treatment recommendations included physical therapy and surgical arthroscopy to repair and debride the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

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

Decision rationale: 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 of the musculature around the shoulder after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The patient underwent an MRI of the upper extremity on 06/25/2013, which indicated partial-thickness rotator cuff tear and type IV SLAP tear. However, there is no documentation of a failure to respond to conservative care, including physical therapy. The patient has continued to work under modified duties. It is noted that the patient has been treated with opioid medication. However, without documentation of an exhaustion of previous conservative treatment, the patient does not meet criteria for the requested procedure. As such, the request is non-certified.