

Case Number:	CM13-0051860		
Date Assigned:	12/27/2013	Date of Injury:	03/03/2012
Decision Date:	03/18/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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:

A 40 year old male with industrial injury 3/3/12. Status post 9/9/12 right shoulder arthroscopy with extensive debridement of partial thickness rotator cuff tear. Exam note 9/26/13 demonstrates persistent achiness in shoulder. Exam note 10/18/13 demonstrates complaints unchanged. Request for repeat shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, shoulder, surgical;, debridement, limited - Outpatient setting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: In this case there is insufficient evidence in the records to support the guidelines above. Therefore the determination is for non-certification as not medically necessary.