

Case Number:	CM13-0056581		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2011
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/22/2013

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 claimant is a 60-year-old female who was injured on March 11, 2011. The clinical records provided for review relating to the claimant's right shoulder identified a December 23, 2013 progress report documenting ongoing complaints of pain in the right shoulder and right upper extremity noted to be exacerbated by grasping and overhead reaching. Physical examination was documented to show right shoulder restricted range of motion at 100 degrees of abduction and forward flexion with positive impingement testing, positive drop arm testing, tenderness along the bicipital groove and subdeltoid bursa. The claimant was diagnosed with bicipital tendinosis, rotator cuff tearing, bicipital tenosynovitis and impingement. Operative intervention was recommended for shoulder arthroscopy, subacromial decompression, lysis of adhesions with or without a manipulation and reconstruction of complete right shoulder rotator cuff tear. Clinical imaging report provided for review included a right shoulder MRI report of November 4, 2013 that showed evidence of prior rotator cuff repair with a recurrent full thickness tear to the right supraspinatus tendon with retraction, bicipital tenodesis from prior surgical process as well as previous subacromial decompression noted. Prior surgical process occurred in May of 2013. Postoperative course of care was not clearly documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. ONE (1) RECONSTRUCTION OF COMPLETE RIGHT SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Indications for Surgery--Rotator cuff repair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: shoulder procedure - Surgery for rotator cuff repair- Surgery for adhesive capsulitis and Manipulation under anesthesia (MUA).

Decision rationale: The claimant is a 60-year-old female who was injured on March 11, 2011. The clinical records provided for review relating to the claimant's right shoulder identified a December 23, 2013 progress report documenting ongoing complaints of pain in the right shoulder and right upper extremity noted to be exacerbated by grasping and overhead reaching. Physical examination was documented to show right shoulder restricted range of motion at 100 degrees of abduction and forward flexion with positive impingement testing, positive drop arm testing, tenderness along the bicipital groove and subdeltoid bursa. The claimant was diagnosed with bicipital tendinosis, rotator cuff tearing, bicipital tenosynovitis and impingement. Operative intervention was recommended for shoulder arthroscopy, subacromial decompression, lysis of adhesions with or without a manipulation and reconstruction of complete right shoulder rotator cuff tear. Clinical imaging report provided for review included a right shoulder MRI report of November 4, 2013 that showed evidence of prior rotator cuff repair with a recurrent full thickness tear to the right supraspinatus tendon with retraction, bicipital tenodesis from prior surgical process as well as previous subacromial decompression noted. Prior surgical process occurred in May of 2013. Postoperative course of care was not clearly documented.