

Case Number:	CM13-0056738		
Date Assigned:	12/30/2013	Date of Injury:	01/10/2013
Decision Date:	04/10/2014	UR Denial Date:	10/31/2013
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:

This is a 51-year-old who sustained an injury to the left shoulder on 1/10/13. The clinical records provided for review included a 10/25/13 progress report by [REDACTED] indicating continued complaints of pain in the left shoulder. There was a popping injury while moving a dishwasher. There was noted to be persistent weakness and discomfort. Physical examination findings showed negative O'Brien's testing, no pain at the acromioclavicular joint, positive Neer and Hawkin's tests, positive muscle belly test, and weakness with abduction. Clinical imaging for review included a left shoulder MRI report dated 9/3/13 showing an abnormal signal at the distal supra- and infraspinatus with no evidence of full thickness rotator cuff tearing and a Type II acromion with intraarticular biceps tendon not visualized secondary to limitations of the study. Based on failed conservative care, surgery consisting of therapeutic arthroscopy with rotator cuff repair and possible biceps tendon repair versus tenodesis was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT SHOULDER ARTHROSCOPY AND ROTATOR CUFF REPAIR, POSSIBLE TENDON REPAIR AND OTHER INTRAOPERATIVE PROCEDURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery for Ruptured Biceps Tendon Chapter

Decision rationale: Based on the California ACOEM 2004 Guidelines and supported by the Official Disability Guidelines, the request for left shoulder diagnostic therapeutic arthroscopy and rotator cuff repair, possible bicep tendon repair versus tenodesis and other intraoperative procedure would not be indicated. The clinical records provided for review do not identify full thickness rotator cuff pathology or indicate the recent conservative measures to support the need for surgical intervention to include a rotator cuff repair. Furthermore, the claimant's clinical imaging does not demonstrate significant bicipital issue. However, it was noted that the biceps was not well-visualized. Inconclusive imaging would not be an indication for surgical intervention to the biceps. The request for a left shoulder arthroscopy and rotator cuff repair, possible tendon repair and other intraoperative procedure, is not medically necessary or appropriate.