

Case Number:	CM13-0059458		
Date Assigned:	12/30/2013	Date of Injury:	06/16/2012
Decision Date:	04/10/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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 Hand Surgery, 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 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 patient is a 51-year-old female who reported an injury on 06/16/2012. The mechanism of injury involved a fall. The patient is diagnosed with right shoulder full thickness rotator cuff tear and right shoulder superior labral tear. The patient was seen by [REDACTED] on 10/09/2013. The patient reported intermittent pain in the right shoulder. Physical examination revealed a well-healed incision over the anterior and superior aspect of the right shoulder, tenderness to palpation over the anterior and lateral aspects, positive Neer's and Hawkins' testing, positive O'Brien's and Jobe's testing, and limited and painful range of motion. Treatment recommendations included authorization for a right shoulder arthroscopy with rotator cuff repair. The patient underwent a previous MRI of the right shoulder on 04/02/2013, which indicated full thickness tear of the distal subscapularis tendon with partial thickness undersurface tearing of the distal supraspinatus tendon and a superior labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, rotator cuff repair, and other related procedures as indicated:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the CA MTUS, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, and (2004) Shoulder Complaints. In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pages 20

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 after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the patient's MRI is positive for a full thickness tear of the subscapularis tendon with retraction, partial thickness tear of the supraspinatus tendon, and superior labral tear. There is no documentation of an exhaustion of conservative treatment. Additionally, the current request for a right shoulder arthroscopy with other related procedures as indicated cannot be determined as medically appropriate. All specific procedures would need to be listed for review. Based on the clinical information received, the request is non-certified.

Internist to obtain pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, Genera

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

Twelve (12) Sessions of Post Operative Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.