

Case Number:	CM13-0062124		
Date Assigned:	12/30/2013	Date of Injury:	10/04/2011
Decision Date:	04/03/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 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 62-year-old male who reported an injury on 10/04/2011. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with right rotator cuff syndrome. The patient was seen by [REDACTED] on 11/09/2013. The patient reported persistent right shoulder pain. The physical examination revealed full range of motion, 90 degree abduction, and well-healed portals. Treatment recommendations included rotator cuff repair with distal clavicle resection. The patient underwent an MRI study of the right shoulder on 11/14/2011, which indicated two grade 2 partial-thickness articular surface tears of the supraspinatus tendon with moderate to marked acromioclavicular degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a right rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The 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 physical examination on the requesting date of 11/09/2013 indicated full range of motion of the right shoulder. The patient has previously undergone a right shoulder arthroscopy on 03/12/2013. The patient's MRI of the right shoulder is dated 11/14/2011. There is no documentation of an updated MRI. There is also no documentation of an exhaustion of conservative treatment. There was no documentation of significant functional limitation and objective clinical findings that would substantiate the requested surgery. Based on the clinical information received, the request is non-certified.

The request for resection of the distal clavicle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The 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 physical examination on the requesting date of 11/09/2013 indicated full range of motion of the right shoulder. The patient has previously undergone a right shoulder arthroscopy on 03/12/2013. The patient's MRI of the right shoulder is dated 11/14/2011. There is no documentation of an updated MRI. There is also no documentation of an exhaustion of conservative treatment. There was no documentation of significant functional limitation and objective clinical findings that would substantiate the requested surgery. Based on the clinical information received, the request is non-certified.