

Case Number:	CM13-0064833		
Date Assigned:	01/03/2014	Date of Injury:	07/15/2010
Decision Date:	05/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/12/2013

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 Pennsylvania. 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 54-year-old male who sustained a work-related injury to the left shoulder on July 15, 2010. An MRI scan of the left shoulder, dated October 7, 2013, demonstrates a superior labrum anterior posterior (SLAP) lesion with tearing extending to the biceps anchor and a subtle inferior labrum tear. There is also a near full thickness rotator cuff tear involving the supraspinatus and infraspinatus tendons. A 75 percent cross section diameter of the cuff is involved. An October 17, 2013, progress report documents continued symptoms of the left shoulder that worsen with overhead activity. The records available for review document no further or prior physical examination findings and no treatment. The working assessment is torn rotator cuff and SLAP lesion to the left shoulder. This request is for a left shoulder arthroscopy, decompression and rotator cuff repair, as well as an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY, DECOMPRESSION AND REPAIR OF THE CUFF: 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): 210.

Decision rationale: According to the ACOEM Guidelines, the acute need for shoulder arthroscopy, subacromial decompression and rotator cuff repair would not be indicated in this case. The claimant's most recent MRI scan demonstrates a SLAP lesion, as well as high-grade partial thickness rotator cuff tear. No conservative measures, including injection therapy, or formal examination findings are documented in the reviewed records. This request also comes three years following the injury. Given the absence of clinical examination findings and use of conservative measures to include injection therapy, in addition to the time elapsed since the date of injury, the request is not medically necessary and appropriate.

ASSISTANT SURGEON, [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.