

Case Number:	CM13-0065898		
Date Assigned:	01/03/2014	Date of Injury:	02/04/2013
Decision Date:	05/20/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 patient is a 49-year-old male who has a date of injury of February 4, 2013. He reports injuring his shoulder when he was pushing a drawer at work. The patient continues to have chronic left shoulder pain. On physical examination he has a positive Neer and Hawkins test. He had a positive O'Brien's test. Supraspinatus muscle testing revealed 4/5 supraspinatus strength. The patient was noted to be neurologically intact. Diagnoses include left shoulder rotator cuff tear, left shoulder impingement syndrome, and SLAP tear. MRI of the left shoulder from April 2013 documented supraspinatus and subscapularis tendinosis. With pain he intrasubstance subscapularis partial tear. There were mild internal degenerative signals within the superior labrum. X-rays shoulders were unremarkable. Patient has been treated with physical therapy. There is no documentation of the effectiveness of the physical therapy. Patient has been treated with subacromial injections. Frequency and effect of the injections is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH ROTATOR CUFF REPAIR AND SLAP (SUPERIOR LABRUM ANTERIOR TO POSTERIOR) REPAIR: 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): 561-563. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines (ODG) Shoulder

Decision rationale: The ACOEM Shoulder Complaints and Official Disability Guidelines, shoulder surgery are not met. The imaging in this case is not documented evidence of his rotator cuff tear or significant lesion for which repair would be indicated. The MRI shows a tiny partial tear without evidence of complete tear. In addition, imaging studies do not document SLAP lesion. Imaging studies do not present evidence of a rotator cuff lesion for which a repair would be indicated in medically necessary. The imaging studies also do not present evidence of a slap lesion for which repair would be medically necessary. In addition, the patient has had physical therapy for his left shoulder and there is no documentation of the effectiveness of physical therapy. Given the above the request is not medically necessary and appropriate.