

Case Number:	CM13-0066448		
Date Assigned:	02/11/2014	Date of Injury:	04/12/2013
Decision Date:	05/28/2014	UR Denial Date:	11/25/2013
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 claimant is a 53-year-old gentleman who was injured on April 12, 2013. Specific to the claimant's left shoulder, there is documentation of an MRI report of October 2, 2013, showing mild rotator cuff tearing involving supraspinatus, infraspinatus and possibly subscapularis tendon in a partial thickness fashion. The follow-up report of October 3, 2013, showed the claimant's MRI to demonstrate partial tearing as noted. Formal physical examination findings were not documented. There is no documentation of recent conservative care and no documentation of prior recent treatment noted. A previous assessment of September 26, 2013, indicated continued complaints of pain about the shoulder with range of motion. There is a painful arc of movement, tenderness about the scapula and upper arm. At present, surgical intervention in the form of a left shoulder arthroscopy, with rotator cuff repair was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER SCOPE/ REPAIR AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER CHAPTER

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: This claimant demonstrated partial thickness tearing to the rotator cuff, with no documentation of recent conservative measures, including injection therapy. The MTUS/ACOEM Guidelines recommend three to six (3-6) months of conservative measures, including injections prior to proceeding with surgery for partial thickness rotator cuff pathology. The request does not meet guideline recommendations, and is non-certified.

POST-OPERATIVE PHYSICAL THERAPY TIMES TWELVE (12) SESSIONS: 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.

ULTRASLING: 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.