

Case Number:	CM13-0071097		
Date Assigned:	01/08/2014	Date of Injury:	01/15/2011
Decision Date:	04/10/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/26/2013

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 Surgeon 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 56 year old female who reported an injury on 01/15/2011. The mechanism of injury involved a fall. The patient is currently diagnosed with torn rotator cuff in the right shoulder with AC joint arthritis, history of cervical and lumbar sprain with disc disease, and history of fall with torn meniscus and chondromalacia patella. The patient was seen on 10/30/2013. The patient reported persistent right shoulder pain with stiffness and weakness. The patient's physical examination revealed decreased and painful range of motion of the right shoulder, positive impingement sign, positive provocative testing, diminished grip strength on the right, and positive Tinel's and Phalen's testing. Treatment recommendations included a right shoulder arthroscopy with decompression and repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

right shoulder arthroscopy w/decompression and repair of rotator cuff/supraspinatus tear w/possible AC excision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 210.

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

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. There was no imaging studies provided for this review. Therefore, there is no indication of a lesion. Although it is stated that the patient has undergone an MRI of the right shoulder in 02/2012, the report was not provided for review. Additionally, the medical rationale for AC excision was not provided. Without further documentation, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.