

Case Number:	CM13-0071227		
Date Assigned:	01/08/2014	Date of Injury:	02/27/2003
Decision Date:	05/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 51 year old male who sustained an injury to the left shoulder in a work related accident on February 27, 2003. The November 1, 2013 follow-up orthopedic assessment noted continued complaints of pain. The claimant is noted to be status post shoulder arthroscopy subacromial decompression and rotator cuff repair times two. The recent clinical assessment includes physical examination findings that revealed shoulder motion including 60 degrees of internal rotation, 100 degrees of flexion and 120 degrees of abduction. The claimant was diagnosed with a chronic bicipital tendon rupture and shoulder pain. The plan was for revision decompression and hardware removal from the prior rotator cuff repair. The clinical imaging is unclear, recent conservative care over the past 12 months is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision arthroscopic subacromial decompression left shoulder: Upheld

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

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

Decision rationale: Based on the CA ACOEM Guidelines the surgical process to include a revision decompression is not indicated. The claimant's clinical complaints and objective findings do not clearly document findings of impingement. Furthermore there is no documentation of recent conservative care or recent imaging available for review. The specific request for a third subacromial decompression, which would carry a significant risk of failure, is not supported.

Removal of painful retained hardware left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: The MTUS and ACOEM Guidelines are silent. The role of hardware removal in the form of prior rotator cuff anchors is not indicated. The role of operative intervention is not established thus negating the need for this potential portion of the surgical process to include retained hardware removal.