

Case Number:	CM14-0001779		
Date Assigned:	01/22/2014	Date of Injury:	04/05/2012
Decision Date:	03/25/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 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 claimant is a 52 year old female injured in a work related accident April 5, 2012. The clinical records specific to the claimant's left shoulder include MRI October 29, 2013 that showed mild degenerative changes about the supraspinatus and infraspinatus with tendinosis, hypertrophic changes about the acromioclavicular joint with no definitive MRI evidence of full thickness rotator cuff tearing or labral pathology. The most recent clinical record was noted to be November 13, 2013 PR2 report indicating continued complaints about the right shoulder stating it has failed conservative care including physical therapy and non-steroidal medication. The examination showed positive impingement, pain with limited internal and external rotation. Further physical examination findings are not supported dating back to early 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for left shoulder arthroscopy with rotator cuff repair, decompression, labral tear: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009; 9792.23.2, Shoulder Complaints. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008 Pages 560-561, Surgical Considerations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210,211. Decision based on Non-MTUS Citation 211 and Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure - Surgery for SLAP lesions.

Decision rationale: Based on CA ACOEM Guidelines surgical process to include rotator cuff repair and decompression is not indicated the records do not indicate full thickness rotator cuff pathology nor does it indicate recent treatment to include conservative measures consisting of injection therapy. The absence of the above would fail to necessitate this portion of the requested procedure. When looking at the Official Disability Guidelines criteria the labral intervention is not indicated as the clinical imaging fails to demonstrate any degree of labral pathology at recent assessment of October 2013. The absence of the above would fail to necessitate surgical process for the labrum at this time.