

Case Number:	CM14-0002106		
Date Assigned:	01/24/2014	Date of Injury:	06/25/2012
Decision Date:	06/10/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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:

This is a 64-year-old male with industrial injury 6/25/12. The exam note 9/13/13 demonstrates prior left shoulder arthroscopy with repair rotator cuff double row technique on 3/29/13. MRI (magnetic resonance imaging) of the left shoulder on 10/24/13 demonstrates evidence of 4x1.6 cm full thickness tear of the supraspinatus rotator cuff construct with proximal retraction. The request is for left shoulder arthroscopy with repair rotator cuff. “

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH REPAIR ROTATOR CUFF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation : ACOEM, <https://www.acoempracguides.org/> Shoulder Disorders, Table 2: summary of recommendations, Shoulder disorder, Official Disability Guidelines (ODG), Shoulder (Acute & chronic), and Clinical Evidence BMJ Publishing Group, Ltd; London, England. www.clinicalevidence.com; Section Musculoskeletal disorders; Condition: shoulder pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for rotator cuff repair.

Decision rationale: The CA MTUS/ACOEM is silent on the issue of revision rotator cuff repair. According to the Official Disability Guidelines (ODG) criteria for revision rotator cuff repair, selection criteria should include good quality rotator cuff tissue which is not demonstrated on the MRI (magnetic resonance imaging) from 10/24/13. This tissue is retracted over 4 cm consistent with a non-repairable tear. Therefore, the decision is for non-certification.