

Case Number:	CM14-0003952		
Date Assigned:	02/05/2014	Date of Injury:	03/28/2007
Decision Date:	10/09/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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:

The records presented for review for this individual noted the injury as having occurred in March, 2007. The diagnosis offered is a sprain of the supraspinatus muscle (840.6). The records reflect there is a partial tear of the supraspinatus and glenoid labrum. The physical examination noted tenderness to palpation over the acromioclavicular joint and a slightly reduced shoulder range of motion. There is no indication of conservative care to address these 2 separate lesions. As such, the request for surgical intervention was denied. The progress note dated November 5, 2013 reported a diagnosis of lumbar sprain/strain, cervical sprain/strain, internal arrangement of the knee, a tendinitis the wrist. It was reported that the injured employee fell approximately 20 feet, and a brief period of a loss of consciousness and a 2 day hospitalization. There is no mention of a shoulder injury. A sleep study was completed December, 2013. Subsequent examinations may no notation of a shoulder finding. There is an MRI noting a partial tear of the subscapularis and the labrum as well as acromioclavicular joint hypertrophy. A preoperative evaluation was completed in November, 2013. The Electrocardiogram (EKG) was within normal limits as was a chest x-ray. There is an emergency room evaluation completed in June, 2013 and noted an impingement syndrome. There is one progress note indicating a failure of conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY DEBRIDEMENT SUBACROMIAL DECOMPRESSION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: When noting the date of injury, the physical therapy completed in mid-2013, the current findings on MRI and the surgical considerations for rotator cuff tear supported in MTUS, this request is medically necessary. Therefore, based on the current clinical findings and the criterion noted, this request is clinically indicated.