

Case Number:	CM14-0103065		
Date Assigned:	07/30/2014	Date of Injury:	02/04/2013
Decision Date:	09/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/03/2014

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 claimant is a 37-year-old female who injured the left shoulder in a work related accident on 02/04/13. Records provided for review document that since the time of injury the claimant has undergone a 09/18/13 left shoulder arthroscopy, slap repair, rotator cuff repair and subacromial decompression. Following surgery, the claimant has had continued complaints of pain. The follow up report of 05/22/14 notes continued complaints of pain and difficulty with overhead activities. Physical examination showed 110 degrees of forward flexion, pain over the coracoid process and positive Neer and Hawkin's testing. The report documents that an MR arthrogram reviewed on 05/22/14 demonstrated a small full thickness tear to the rotator cuff supraspinatus tendon with severe inflammatory changes of the infraspinatus tendon but no evidence of recurrent labral damage. The recommendation was made for revision rotator cuff procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Left Shoulder Arthroscopy With Rotator Cuff Repair between 6/26/2014 - 8/10/2014:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT INDEX, 11TH EDITION (WEB), 2013, SHOULDER, SURGERY FOR ROTATOR CUFF REPAIR.

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

Decision rationale: Based upon the California ACOEM Guidelines, the request for left shoulder arthroscopy for rotator cuff repair is recommended as medically necessary. The medical records document evidence of recurrent rotator cuff pathology based on postoperative MR arthrogram and the claimant has continued complaints of pain as well as severe inflammatory findings. Based on the claimant's continued discomfort, examination findings, and recurrent full thickness pathology, the Left Shoulder Arthroscopy with Rotator Cuff Repair between 6/26/2014 - 8/10/2014 is medically necessary.