

Case Number:	CM14-0017513		
Date Assigned:	04/14/2014	Date of Injury:	09/15/2008
Decision Date:	06/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 62 year old who is status post industrial injury to left shoulder on 9/15/08. Diagnosis of traumatic arthropathy of the shoulder. Left shoulder CT arthrogram on 3/29/12 demonstrates no loosening of left proximal prosthesis and no contrast extravasation into the subacromial/subdeltoid bursae. Left subscapularis tendon appeared intact without any tear identified. The exam note dated 5/20/13 demonstrates complaint of left shoulder pain. There is a report of acromioclavicular injection performed into the left shoulder with good relief of pain. The exam note dated 1/13/14 demonstrates request for revision left shoulder rotator cuff repair. Exam demonstrates 4/5 supraspinatus abduction with lift off and Belly tests abnormal. The request is for left shoulder revision rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER REVISION OPEN ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER, SURGERY FOR ROTATOR CUFF REPAIR.

Decision rationale: Neither the CA MTUS/ACOEM guidelines nor the ODG criteria for rotator cuff repair have been satisfied. Both require objective evidence of significant tears of the rotator cuff causing weakness of arm elevation or rotation. In this case there is insufficient evidence of a rotator cuff tear. The claimant underwent a CT arthrogram on 3/9/12 demonstrating no evidence of rotator cuff tear. No further advanced imaging has been performed which demonstrate a rotator cuff tear. In addition, a work up for septic versus aseptic loosening has not been performed to rule out other causes of persistent pain in the left shoulder. Therefore the determination is for non-certification for left shoulder revision open rotator cuff repair.