

Case Number:	CM14-0114112		
Date Assigned:	08/01/2014	Date of Injury:	09/26/2013
Decision Date:	10/06/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 55-year-old, male who sustained a vocational injury on 09/26/13. The majority of the documentation presented for review is of very poor quality. The office note dated 04/23/14 documented that the claimant was two months status post right knee arthroscopic surgery with some improvement. The office note documented that the claimant complained of right shoulder pain. Physical examination revealed well-healed surgical portals of the knee. Examination of the right shoulder revealed full elevation to 120 degrees and abduction to 110 degrees. There was apprehension to Jobe's testing, pain with overhead circumduction, but no instability was appreciated. The diagnosis was status post right knee arthroscopic surgery and right shoulder rule out high-grade full-thickness tear. The Utilization Review Determination dated 07/08/14 noted that an MRI of the shoulder showed mild interstitial tearing with no high-grade rotator cuff tear. Conservative treatment to date includes six physical therapy sessions. This request is shoulder arthroscopy/surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Arthroscopy/Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-211..

Decision rationale: California ACOEM Guidelines recommend that prior to considering surgical intervention in the setting of partial thickness rotator cuff tears, claimants should undergo continuous conservative treatment for a minimum period of three months to include formal physical therapy, home exercise program, anti-inflammatories, activity modification, and home exercise program. The documentation presented for review fails to establish the claimant has attempted, failed, and exhausted conservative treatment for a minimum period of three months prior to considering surgical intervention in the form of a subacromial decompression and rotator cuff repair. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines the request for shoulder arthroscopy/surgery cannot be considered medically necessary.