MAXIMUS Federal Services

Case Number:	CM14-0133329		
Date Assigned:	08/22/2014	Date of Injury:	07/23/2013
Decision Date:	10/02/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/20/2014

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 54 year old female who reported an injury to her left shoulder. The clinical note dated 02/24/14 indicates the injured worker stated an initial injury occurred when she was entering into a large refrigerator and slipped on some ice. The injured worker reported left knee and left shoulder pain. The note indicates the injured worker having undergone a magnetic resonance image (MRI) of the shoulder on 10/22/13 which revealed a partial thickness tear in the supraspinatus with mild arthrosis at the glenohumeral joint and a type 2 acromion. The injured worker reported ongoing pain on a daily basis sometimes lasting all day. The note indicates the injured worker demonstrating range of motion restrictions throughout the left shoulder with a positive impingement sign. Pain was elicited with resisted abduction and flexion. The clinical note dated 05/28/14 indicates the injured worker having undergone a knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder Arthroscopy, Rotator Cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine

Decision rationale: The documentation indicates the injured worker complained of left shoulder pain with active arch of motion. A rotator cuff repair is indicated for injured workers with submitted pathology confirmed by the imaging studies. There is an indication the injured worker has undergone an MRI in October of 2013. However, the MRI results were not submitted for review. Therefore, without confirmation of the injured worker's pathology the requested surgical intervention is not medically necessary.

Labral Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202.

Decision rationale: Without the necessary information regarding the injured worker's magnetic resonance image study of the left shoulder, no confirmation of the injured worker's pathology involving a labral tear was submitted. Therefore, this request is not indicated as medically necessary.