

Case Number:	CM14-0137602		
Date Assigned:	09/05/2014	Date of Injury:	09/27/2012
Decision Date:	09/25/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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 New York. 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 patient is a 47-year-old who sustained a right shoulder injury on September 27, 2012. The injury occurred from repetitive use. The patient has had physical therapy. The patient has had a cortisone injection. Patient has had home exercise treatment. Other conservative measures including medications. The patient had right shoulder arthroscopy with subacromial decompression in June 2013. MRI of the right shoulder shows moderate rotator cuff tendinopathy. There is a.c. joint arthritis. At issue is whether additional shoulder surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with labral debridement versus repair and open biceps tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: This patient does not meet establish criteria for additional shoulder surgery. The patient is ready had arthroscopic debridement of labral repair. The patient also had

manipulation under anesthesia. Physical examination reveals only slightly limited range of motion. MRI indicates rotator cuff tendinopathy but no frank rotator cuff major tear. There is no documentation of her recent subacromial injection. A criterion for revision shoulder surgery has not been met, therefore is not medically necessary.

Post-operative Physical Therapy 3 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Post-operative ultra sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.