

Case Number:	CM14-0137751		
Date Assigned:	09/10/2014	Date of Injury:	12/09/2013
Decision Date:	10/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/26/2014

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 Spine Surgery and is licensed to practice in South Dakota. 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 45-year-old male who was reportedly injured on 12/09/2013. The mechanism of injury is noted as a fall from an 8-foot ladder. The current diagnosis was rotator cuff tendinosis. A magnetic resonance image of the left shoulder dated 05/28/2025 showed moderate rotator cuff tendinosis with no rotator cuff or labral; tear. The progress note dated 07/15/2014 indicated that the injured worker had left shoulder pain, grinding and loss of motion. The examination showed tenderness to palpation, decreased range of motion, 4-/5 rotator cuff strength, acromioclavicular joint tenderness and positive impingement tests. Prior treatments included 12 visits of therapy and some chiropractic care. A request was made for Left shoulder arthroscopy with rotator cuff repair, SAD and possible DCR, and was not certified on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with rotator cuff repair, SAD, and possible DCR: 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): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

Decision rationale: Official Disability Guidelines (ODG) states the indications for distal clavicle resection must include, among others, imaging studies revealing either post-traumatic changes, or severe degenerative joint disease or complete or incomplete separation of the joint. MRI study on 5/28/2014 states the acromioclavicular joint "appears normal." As such, ODG guidelines would not be met and the distal clavicle resection portion of the requested procedure would not be considered necessary. I agree with the previous modification of the requested procedure that denied the distal clavicle resection.