

Case Number:	CM14-0024811		
Date Assigned:	06/11/2014	Date of Injury:	11/20/2013
Decision Date:	08/01/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 67-year-old gentleman injured his left shoulder on November 20, 2013 while lifting a bag and was diagnosed with a rotator cuff injury. The report of an MRI dated January 15, 2014 revealed a subscapularis tendon tear, supraspinatus partial tearing, a moderate joint effusion and acromioclavicular joint degenerative changes. Orthopedic follow up on February 6, 2014 noted continued complaints of pain, difficulty with overhead activity and examination showed atrophy of the deltoid, diffuse tenderness and restricted range of motion. Based on failed conservative care, shoulder rotator cuff repair was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ROTATOR CUFF REPAIR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: Although conservative care is not formally documented, this individual is now several months post shoulder injury and has not improved. The claimant's physical examination demonstrates weakness, atrophy and motion loss. Based on the California ACOEM

Guidelines, the role of operative intervention for a rotator cuff repair would be supported in light of the claimant's current physical examination findings and previous imaging that demonstrates full thickness rotator cuff pathology. The request is medically necessary.