

Case Number:	CM14-0026001		
Date Assigned:	06/13/2014	Date of Injury:	07/02/2011
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/28/2014

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 General Surgeon 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 49-year-old female who reported an injury on 07/02/2011. The mechanism of injury was not stated. Current diagnoses include joint pain in the shoulder, osteoarthritis, chronic pain, pain in a joint of the shoulder, drug dependence, encounter for long-term use of other medications, and depression. The latest Physician's Progress Report submitted for this review is documented on 03/04/2014. The injured worker reported persistent left shoulder pain with activity limitations. Physical examination revealed limited abduction, limited elevation and tenderness to palpation in the acromioclavicular joint. Treatment recommendations at that time included continuation of current medications and home exercise. It is noted that the injured worker underwent an MRI of the left upper extremity on 08/14/2013, which indicated intact rotator cuff, superior labral degeneration and evidence of a prior distal clavicular resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER POSSIBLE ARTHROSCOPIC ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a referral for a surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength after exercise programs and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker does report persistent left shoulder pain. Physical examination does reveal tenderness to palpation with decreased range of motion. However, there is no evidence upon imaging study of a rotator cuff tear. There is also no mention of an attempt at conservative treatment prior to the request for a surgical procedure. Based on the clinical information received, the injured worker does not meet the criteria for the requested procedure. As such, the request is non-certified.