

Case Number:	CM14-0026362		
Date Assigned:	06/13/2014	Date of Injury:	08/19/2010
Decision Date:	08/04/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 69-year-old male who reported an injury on 08/19/2010. The mechanism of injury was not stated. Current diagnoses include chronic low back pain and failed lumbar spine surgery. The latest physician progress report submitted for this review is documented on 12/16/2013. The injured worker reported a severe flare-up of low back pain. Physical examination revealed limited lumbar range of motion, positive tenderness to palpation, and weakness in the bilateral lower extremities. Treatment recommendations included a referral for surgical consultation and continuation of the current medication regimen. It is noted that the injured worker has completed an MR arthrogram of the left shoulder on 10/31/2013, which indicated a prior biceps tenodesis, attenuation of the superior glenoid labrum, moderate subscapularis tendinosis with probable low-grade intrasubstance tearing, partial thickness tearing of the anterior fibers of the supraspinatus tendon, and moderate infraspinatus tendinosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY, SUBSCAPULARIS REPAIR AND POSSIBLE SUPRASPINATUS REPAIR: Upheld

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): pp. 209-210.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation 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 has been previously treated with a steroid injection, medication management, and physical therapy for the left shoulder. However, there were no physician progress reports submitted by the requesting physician with evidence of a recent physical examination of the left shoulder. As such, the request is not medically necessary.