

Case Number:	CM14-0028286		
Date Assigned:	06/13/2014	Date of Injury:	01/01/2002
Decision Date:	07/16/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/05/2014

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:

The claimant is a 63-year-old gentleman who was injured on January 1, 2002. The medical records provided for review pertaining to the claimant's left shoulder include a report of a November 8, 2013 MRI that identified moderate acromioclavicular osteoarthritic changes and rotator cuff tendinosis with diffuse thinning of the supraspinatus and infraspinatus tendons. The MRI report documented that there was at least a 90 percent strongly suspected full thickness tearing of the supraspinatus. Significant bicipital tendonopathy and underlying glenohumeral degenerative changes were noted. The clinical report of December 24, 2013 documented increased shoulder pain over the past six to twelve months precipitated with overhead activity. Physical examination showed 150 degrees of active forward flexion, acromioclavicular joint tenderness to palpation, tenderness over the long head of the biceps and 5-/5 strength of the supraspinatus. It was documented in the report that the claimant's prior imaging was reviewed and that he had failed conservative care. A corticosteroid injection was given at that time for short term pain relief. Surgery was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPIC ROTATOR CUFF REPAIR: Overturned

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

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

Decision rationale: Based on California ACOEM Guidelines, the proposed left shoulder arthroscopic rotator cuff repair would be recommended as medically necessary. The imaging reveals that the claimant has an essentially full thickness rotator cuff tear of the supraspinatus and has failed conservative care including injection therapy. The report of the recent MRI scan demonstrates 90% thinning at the distal aspect of the supraspinatus with significant inflammatory findings. The role of operative intervention given the claimant's current clinical presentation would be supported.

SUBACROMIAL DECOMPRESSION, DISTAL CLAVICLE RESECTION, POSSIBLY BICEPS TENODESIS VERSUS TENOTOMY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Surgery for ruptured biceps tendon (at the shoulder).

Decision rationale: Also based on California ACOEM Guidelines and supported by the Official Disability Guidelines, a subacromial decompression and biceps tenodesis would be recommended as medically necessary. The documentation indicates that the claimant has significant impingement as well as bicipital findings on both examination and imaging. Therefore, the request for this portion of the surgical process would be supported as medically necessary.