

Case Number:	CM14-0034647		
Date Assigned:	06/20/2014	Date of Injury:	08/17/2012
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopaedic 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 37-year-old gentleman injured in an August 17, 2012, work-related accident. The records available for review document an injury to the left shoulder. The report of a left shoulder MRI, dated February 12, 2014, shows tendinosis of the supraspinatus but no full thickness rotator cuff pathology. Degenerative changes of the greater tuberosity are also noted. An April 21, 2014, follow-up report documents continued complaints of left shoulder and low back pain. Physical examination of the left shoulder showed: restricted motion at endpoints of flexion, abduction and external rotation; tenderness to palpation; and weakness with shoulder abduction and flexion. The claimant was diagnosed with shoulder impingement. This request is for left rotator cuff repair and preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Left Shoulder Acromioplasty With Rotator Cuff Repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- (web site)<https://www.acoempracguides.org/Shoulder;Table 2, Summary of Recommendations, Shoulder Disorders>.

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

Decision rationale: Based on California MTUS ACOEM Guidelines, left shoulder acromioplasty and rotator cuff repair cannot be supported in this case. The report of the claimant's imaging studies show inflammatory changes of the rotator cuff but no indication of acute, full thickness rotator cuff pathology that would support the need for rotator cuff repair. In addition, the records do not show that the claimant underwent conservative treatment with injection therapy or conservative treatment over a three- to six-month period, as recommended under the ACOEM Guidelines for claimants with this clinical presentation. Absent supporting imaging findings and documentation of conservative care, left shoulder acromioplasty and rotator cuff repair would not be medically indicated.

Pre Operative Medical Clearance Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The requested left shoulder acromioplasty and rotator cuff repair is not established as medically necessary in this case. Therefore, the request for preoperative medical clearance is not medically necessary.