

<b>Case Number:</b>	CM14-0043928		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 patient is a 62 year old male claimant with industrial injury noted to be 8/11/09. Agreed medical evaluation from 5/7/13 demonstrates no significant medical co-morbidities. Exam note 1/14/14 demonstrates left shoulder abduction of 80 degrees. Neurovascular status is intact. Impingement is noted to be positive. Recommendation is for left shoulder rotator cuff repair. Note in prior utilization review from 3/5/14 of approval for left shoulder rotator cuff repair with subacromial decompression. Request is for 1 day inpatient stay following shoulder rotator cuff repair with subacromial decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Rotator Cuff Repair.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Rotator cuff repair.

**Decision rationale:** According to the Official Disability Guidelines (ODG) criteria and rotator cuff repair, best practice is outpatient surgery for rotator cuff repair. In this case the cited records above does not demonstrate any evidence of significant medical co-morbidities that would preclude outpatient surgery. Therefore the request for 1 inpatient stay is not medically necessary and appropriate.