

Case Number:	CM14-0052040		
Date Assigned:	07/09/2014	Date of Injury:	03/18/2009
Decision Date:	08/13/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 Surgeon, Hand 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 64-year-old male who reported an injury on 03/18/2009. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his right shoulder. The injured worker's treatment history included right shoulder surgery in 1996 and right shoulder in 07/2011 followed by another surgical procedure due to infection in 08/2011. The patient underwent an MRI of the right shoulder on 12/23/2013. It was noted that the patient was status post rotator cuff repair with persistent tear involving the supraspinatus tendon, status post labral pinning with complete obliteration of the cartilaginous labrum, large joint effusion and acromioclavicular osteoarthritis. The injured worker was evaluated on 01/27/2014. It was documented that the injured worker had restricted range of motion of the right shoulder described as 178 degrees in flexion, 40 degrees in extension, 168 degrees in abduction, and 40 degrees in adduction with a positive impingement test, Neer's sign, Hawkins Kennedy test and Codman drop arm test. The injured worker's diagnoses included right shoulder labral tear, right shoulder rotator cuff partial tear, anxiety and depression, gastropathy, gerd and right shoulder pain. A request was made for right shoulder arthroscopy and rotator cuff repair with biceps tenotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Rotator Cuff Repair, Biceps Tenotomy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: The American College of Occupational and Environmental Medicine recommend surgical intervention for shoulders that have physical findings consistent with a rotator cuff repair corroborated by pathology identifying upon an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has physical findings consistent with a rotator cuff injury which is supported by an imaging study; however, the clinical documentation fails to identify any recent conservative treatment in an attempt to avoid a third surgical intervention. As such, the requested right shoulder arthroscopy rotator cuff repair with biceps tenotomy is not medically necessary and appropriate.