

Case Number:	CM14-0053347		
Date Assigned:	04/25/2014	Date of Injury:	10/09/2012
Decision Date:	06/02/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/22/2014

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 49-year-old gentleman who was injured in a work related accident on October 9, 2012. Medical records pertaining to the claimant's left shoulder include a follow up visit on November 26, 2013 that documents ongoing complaints of pain and symptoms. It notes that a previous corticosteroid injection provided only temporary relief. Physical examination of the shoulder showed restricted range of motion, 4/5 rotator cuff strength, positive impingement, and acromioclavicular joint tenderness to palpation. Based on this individual's failure to improve with conservative care, a shoulder arthroscopy with labral repair, rotator cuff repair, subacromial decompression and debridement was recommended. A report of an MRI dated July 17, 2012 revealed tendinosis of the rotator cuff, but no tearing in a partial or full thickness fashion. There was no documentation of labral pathology or acromioclavicular joint degenerative findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY, POSSIBLE LABRAL REPAIR, POSSIBLE ROTATOR CUFF REPAIR, SUBACROMIAL DECOMPRESSION, AND DEBRIDEMENT AS AN OUTPATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 210-211.

Decision rationale: Based on California ACOEM Guidelines, the request for left shoulder arthroscopy, possible labral repair, possible rotator cuff repair, subacromial decompression and debridement cannot be recommended as medically necessary. The medical records describe that this claimant has impingement, but there are no imaging reports or physical examination findings to support acute labral or rotator cuff pathology. The absence of labral or rotator cuff pathology on imaging would fail to support the specific surgical request as stated. The request for left shoulder arthroscopy, possible labral repair, possible rotator cuff repair, subacromial decompression, and debridement as an outpatient is not medically necessary.