

Case Number:	CM14-0053765		
Date Assigned:	07/07/2014	Date of Injury:	06/15/2013
Decision Date:	08/06/2014	UR Denial Date:	04/07/2014
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 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 27-year-old female who reported an injury on 06/15/2013 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her right shoulder. The injured worker was evaluated on 06/05/2014. It was documented that the injured worker had significant right shoulder pain with decreased range of motion. It is noted that the injured worker's treatment history included physical therapy and a magnetic resonance imaging (MRI) dated 07/18/2013 that noted there was a 75% partial-thickness tear of the rotator cuff. Physical findings included painful right shoulder range of motion. The injured worker was previously evaluated on 03/25/2014. Objective physical findings included decreased grip strength of the right hand with limited painful range of motion and tenderness to palpation of the paraspinal musculature. A request was made for surgical intervention at that appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

R Shoulder Rotator Cuff Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

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

Decision rationale: The requested decision for right shoulder rotator cuff repair is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical repair of the rotator cuff when there are significant clinical findings of functional deficits supported by pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker has failed to respond to physical therapy. However, the clinical documentation does not identify any quantitative functional deficits that would require surgical intervention. Additionally, although it is noted within the documentation that the injured worker underwent a magnetic resonance imaging (MRI) on 07/18/2013 that identified pathology that would benefit from a surgical intervention, an independent report of this study was not provided for review. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested right shoulder rotator cuff repair is not medically necessary.