

Case Number:	CM14-0073439		
Date Assigned:	07/16/2014	Date of Injury:	10/10/2012
Decision Date:	09/24/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 37-year-old gentleman who sustained an injury to the right shoulder in a work related accident on October 10, 2012. The clinical records provided for review include the August 20, 2014 progress report noting continued complaints of pain worse with overhead activities and lifting. Physical examination of the shoulder showed restricted range of motion at endpoints of abduction, forward flexion and internal rotation. There were no formal imaging reports for review; however, it was documented that a November 8, 2013 MRI showed evidence of a supraspinatus rotator cuff repair with no recurrent rotator cuff tearing or retraction identified. This request is for revision rotator cuff repair and acromioplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right Shoulder Revision Acromioplasty And Rotator Cuff Repair: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter: Acromioplasty: surgery for impingement syndrome ODG Indications for Surgery -- Acromioplasty.

Decision rationale: Based on California ACOEM Guidelines, revision rotator cuff repair and acromioplasty would not be indicated as medically necessary. There is no documentation of conservative treatment that has been offered to the claimant for his symptoms. The postoperative imaging from November of 2013 does not identify any recurrent rotator cuff pathology. Without documentation of a rotator cuff tear, the request for acromioplasty and revision rotator cuff repair is not medically necessary and appropriate.