

Case Number:	CM14-0088633		
Date Assigned:	06/20/2014	Date of Injury:	09/15/2005
Decision Date:	08/13/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/12/2014

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 Hand 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 53-year-old male who reported an injury on 04/04/2006 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to the right shoulder. The injured worker's treatment history included physical therapy, chiropractic care, acupuncture, epidural steroid injections, extracorporeal shockwave therapy, aquatic therapy, a home exercise program, medications, diagnostic injections, and surgical intervention for the lumbar spine, left shoulder, and left knee. The injured worker underwent evaluation on 04/16/2014. It was documented that the injured worker had continued pain complaints of the upper back and left knee. It was noted that the injured worker had right mid anterior thigh, right mid lateral calf, and right lateral ankle diminished sensation. A request was made for surgical intervention to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder scope debridement with rotator cuff repair open/close: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 210-212.

Decision rationale: The requested Right shoulder scope debridement with rotator cuff repair open/close is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for shoulder injuries be supported by documentation of functional limitations identified upon physical evaluation corroborated by pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does not provide an adequate assessment of the patient's right shoulder to determine whether surgical intervention would be appropriate or not. Additionally, the clinical documentation submitted for this review did not include an independent report of the MRI. Therefore, the need for surgical intervention cannot be determined at this time. As such, the requested Right shoulder scope debridement with rotator cuff repair open/close is not medically necessary or appropriate.