

Case Number:	CM14-0185769		
Date Assigned:	11/14/2014	Date of Injury:	03/08/2012
Decision Date:	02/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 New York. 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 patient has a date of injury of March 8, 2012. The patient has chronic left shoulder pain. MRI the left shoulder reveals full thickness rotator cuff tear and impingement condition. The patient continues to complain of chronic left shoulder pain. The patient takes cyclobenzaprine and Naprosyn. On physical examination, the left shoulder is tenderness to palpation. Muscle spasms left shoulder range of motion is reduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-214.

Decision rationale: There is no documentation of trial and failure of adequate conservative measures of treatment shoulder pain. While the patient was diagnosed with rotator cuff tear, there is no documentation of specific range of motion that is reduced. In addition, there is no documentation of specific conservative measures to include injection or physical therapy. More conservative measures aren't needed to establish a significant trial and failure of conservative

measures for shoulder pain. This patient does not meet established criteria for rotator cuff surgery at this time. The request is not medically necessary per MTUS ACOEM.