

Case Number:	CM14-0188241		
Date Assigned:	11/18/2014	Date of Injury:	10/06/2003
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/11/2014

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 injured worker is a 63-year-old claimant with reported industrial injury of October 6, 2003. An MRI dated June 13, 2014 demonstrates a full-thickness rotator cuff tear with retraction with atrophy and 1 inch retraction. The claimant is status post a liver surgery on February 18, 2014. An exam note dated August 22, 2014 reports a pain level of 8-10 out of 10. Examination of the left shoulder discloses Ford flexion of 90 with extension to 40. Abduction is 90 of abduction 40. External rotation is 80 internal rotation is 48. Severe supraspinatus tenderness is noted on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder diagnostic arthroscopy, arthroscopic subacromial decompression, distal clavical resection, rotator cuff repair: 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): 209-210.

Decision rationale: Based upon the CA MTUS Shoulder Chapter, pages 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity

limitations for more than 4 months and existence of a surgical lesion. In this case there is lack of a surgical lesion as the patient has an irreparable chronic rotator cuff tear. The request is considered as not medically necessary.

Associated surgical services: Left shoulder post operative home care 16 hours per day, 7 days a week 1 week followed by 8 hours a day 7 days a week 1 week then 5 hours a day 7 days a week: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.