

Case Number:	CM14-0198014		
Date Assigned:	12/08/2014	Date of Injury:	12/02/2011
Decision Date:	01/21/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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:

According to the records made available for review, this is a 53-year-old male with a 12/2/11 date of injury. At the time (11/10/14) of the request for authorization for left shoulder rotator cuff repair, subacromial decompression, there is documentation of subjective (pain level is about 9) and objective (guarding of the left upper extremity, tenderness and spasm to left trapezius, tenderness to left shoulder acromioclavicular joint and subacromial space, positive drop arm test, very limited active motion) findings, current diagnoses (status post right shoulder arthroscopic surgery), and treatment to date (medication). There is no documentation of imaging findings (positive evidence of deficit in rotator cuff).

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, subacromial decompression: 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): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for rotator cuff repair

Decision rationale: MTUS reference to ACOEM indicate that conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment, but without the surgical risks, and further indicate that surgical outcomes are not as favorable in older patients with degenerative changes about the rotator cuff. ODG identifies documentation of subjective findings (shoulder pain and inability to elevate the arm), objective findings (may have weakness with abduction testing or atrophy of shoulder musculature, usually has full passive range of motion), and imaging findings (positive evidence of deficit in rotator cuff), as criteria necessary to support the medical necessity of full thickness rotator cuff repair. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder arthroscopic surgery. In addition, there is documentation of subjective findings (shoulder pain), objective findings (guarding of the left upper extremity, tenderness and spasm to left trapezius, tenderness to left shoulder acromioclavicular joint and subacromial space, positive drop arm test, very limited active motion), and conservative treatment. However, there is no documentation of imaging findings (positive evidence of deficit in rotator cuff). Therefore, based on guidelines and a review of the evidence, the request for left shoulder rotator cuff repair, subacromial decompression is not medically necessary.