

Case Number:	CM14-0121868		
Date Assigned:	08/06/2014	Date of Injury:	02/11/2008
Decision Date:	09/30/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/01/2014

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 Hand 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 56-year-old female who was injured on February 11, 2008. The medical records provided for review specific to the claimant's left shoulder included a June 26, 2014 supplemental report noting ongoing complaints of pain in the left shoulder and recommended arthroscopic surgery to include subacromial decompression, possible rotator cuff repair. Physical examination was documented to show impingement. The physician also documented that MRI findings were consistent with impingement. There was no documentation of recent conservative measures including corticosteroid injections. A previous physical examination performed on April 14, 2014 showed impingement and derangement of the shoulders bilaterally with restricted range of motion and a painful arc of motion. The report of the MRI scan from May 5, 2014 showed mild to moderate tendinosis of the supraspinatus and subscapularis with no rotator cuff tearing. There was mild acromioclavicular joint degenerative change. This review is for an arthroscopy, decompression, and rotator cuff repair procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, decompression and possible repair rotator cuff: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 210-211.

Decision rationale: Based on California ACOEM Guidelines, the request for left shoulder arthroscopy, decompression and possible rotator cuff repair cannot be supported as medically necessary. Although the claimant continues to have shoulder complaints, there is no documentation of six months of recent conservative measures including injection therapy to support the need for surgery as the MRI findings reveal partial undersurface tearing to the rotator cuff and no full thickness pathology. ACOEM Guidelines clearly indicate the role of six months of conservative measures before proceeding with surgery for impingement or partial thickness rotator cuff tendonitis. Request for the operative procedure is not medically necessary.

Surgical assistant: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.