

Case Number:	CM14-0137029		
Date Assigned:	08/29/2014	Date of Injury:	11/30/2012
Decision Date:	10/06/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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:

This is a 51 year old male claimant with an industrial injury dated 11/30/12. The patient is status post a left shoulder arthroscopy, subacromial decompression, biceps tenodesis, and Mumford as of 04/08/13. MRI of the left shoulder dated 06/20/14 states the patient has evidence of a tear in the biceps tendon, and a probable small tear along the undersurface of superior labrum. Exam note 07/08/14 states the patient returns with discomfort and clicking in his acromioclavicular joint. Physical exam demonstrates the patient had muscle strength of 5/5 bilaterally. The patient has tried conservative treatments such as medication and a home exercise program. Treatment includes a repeat of Mumford and resection of more distal clavicle and a left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat repair partial rotator cuff tear: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Indications for Surgery - Partial claviclectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, surgery for rotator cuff repair.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 7/8/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 7/8/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore, the determination is for the requested procedure is not medically necessary.