

Case Number:	CM14-0141549		
Date Assigned:	09/10/2014	Date of Injury:	09/12/2013
Decision Date:	11/13/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 44 year old female who has reported to have sustained work related injuries to her shoulders on 9/12/13. The record indicates that the injured worker underwent MRI of the left shoulder on 01/31/14 this study notes an articular sided tear of the right supraspinatus tendon which measures approximately 7 millimeters in length by 14 millimeters in anterior/posterior (AP) dimension by 2 millimeters in thickness, 6 millimeters in length interstitial tear of the distal superior fibers of the right subscapularis tendon, calcification tendonitis of the right infraspinatus tendon, minimal degenerative changes of the right acromioclavicular joint. Treatment to date has included oral medications, six sessions of physical therapy, and cortical steroid injection. The injured worker has not improved with conservative management. She subsequently has been recommended to undergo right shoulder arthroscopy with possible labral repair, possible rotator cuff repair, subacromial decompression/debridement. The record contains a utilization review determination dated 08/08/14 in which requests for right shoulder possible labral repair, possible rotator cuff repair (RCR), subacromial decompression/debridement, and Ibuprofen 600 milligrams were noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Right Shoulder Poss Labral repair Poss RCR Subacromial Decompression Debridement,: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Rotator cuff repair

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Rotator Cuff Repair (RCR)

Decision rationale: The request for right shoulder possible labral repair, possible rotator cuff repair, and subacromial decompression/debridement is medically necessary. The submitted clinical records indicate that the injured worker sustained a workplace injury on 09/12/13. For some reason there was a subsidive delay in treatment. MRI of the left shoulder performed on 01/31/14 notes an articular sided tear of the supraspinatus tendon as well as an interstitial tear of the right subscapularis tendon and calcific tendonitis of the right infraspinatus tendon. The clinical records indicate that the injured worker has not been effective from conservative management and noting the pathology identified on imaging is chronic surgical intervention is recommended as medically necessary in order to maximize the potential material gains as this is a chronic condition.