

Case Number:	CM14-0141849		
Date Assigned:	09/10/2014	Date of Injury:	05/23/2014
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
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 Mississippi. 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 records, presented for review, indicate that this 47-year-old female was reportedly injured on 5/23/2014. The mechanism of injury was noted as a box fell and hit her on the shoulder. The most recent progress note, dated 8/30/2014, indicated that there were ongoing complaints of right shoulder pain. Physical examination of the right shoulder demonstrated positive impingement signs, TTP at AC, ROM with flexion 120, extension 40, external rotation 55, internal rotation 50, abduction 120, and adduction 20. MRI of the right shoulder, dated 7/29/2014, showed a supraspinatus tendon tear near the insertion site with fluid in the subacromial-subdeltoid bursa indicating a full-thickness tear, with intact labrum and biceps tendon. Previous treatment included physical therapy (temporary improvement) and medications. A request had been made for right shoulder arthroscopy, rotator cuff repair, subacromial decompression, distal clavicle resection and biceps surgery, which was not certified in the utilization review on 8/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Rotator Cuff Repair, Subacromial Decompression, Distal Clavicle Resection and Biceps Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment /Disability Duration Guidelines; Shoulder (Acute & Chronic) Criteria for rotator cuff repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: ACOEM practice guidelines support rotator cuff repair for the treatment of small, medium or large tears if all of the following three criteria are met: Shoulder joint pain; reduced range of motion of shoulder with impaired function; and positive MR arthrogram, MRI findings or ultrasound of a rotator cuff tear. Adding subacromial decompression to a rotator cuff repair is supported for treatment of isolated supraspinatus tears with a type 2 or 3 acromion. Review of the available medical records demonstrates signs and symptoms consistent with a rotator cuff tear and a MRI demonstrates a supraspinatus tear. However, there were no plain radiographs available for review, and the MRI fails to document a type 2 or 3 acromion. Although arthroscopic rotator cuff repair is indicated, the guideline criteria has not been met for adding a subacromial decompression to the proposed procedure. As such, this request is not considered medically necessary.