

Case Number:	CM14-0146353		
Date Assigned:	09/12/2014	Date of Injury:	11/18/1999
Decision Date:	10/15/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/09/2014

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 General 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 50 year old male sustained an injury 11/18/99. He has been diagnosed with a recurrent rotator cuff tear. As a result he has difficulty sleeping as well as problems performing his activities of daily living. Range of motion was not painful. There was no tenderness at any right shoulder tendon, ligament, or bone. Pain was reportedly increased by 25%. Neer's, Hawkin's, Yergason's and cross arm provocative testing is all positive. MRI showed a re-tear, evidence of prior repair, muscle atrophy with fatty infiltration, acromioclavicular joint and glenohumeral degeneration changes, a superior labral anterior to posterior tear lesion, and effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy and Subacromial Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211,. Decision based on Non-MTUS Citation ODG Indications for Surgery, Ruptured Biceps Tendon Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Shoulder Chapter-Surgery for Impingement Syndrome

Decision rationale: His right shoulder had been operated 4-5 and 2 years ago. Results were beneficial temporarily, he reported. He has been directed to do his home exercise program. There is not documentation that that has been done. There has not been documentation of a trial of injectional treatment. Conservative management has not been attempted. This may be considered not likely to be of benefit. However, with long-term failure of two surgeries thus far and the present anatomical picture of the right shoulder, the likelihood of successful rotator cuff repair is also unlikely. "Conservative care: Recommend 3-6 months; three months is adequate if treatment has been continuous, six months if treatment has been intermittent." The request is not medically necessary.