

Case Number:	CM14-0168684		
Date Assigned:	10/16/2014	Date of Injury:	03/27/2014
Decision Date:	11/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 47-year-old female who fell onto an outstretched left arm and shoulder on 03/27/14. Medical records provided for review specific to the claimant's left shoulder included the PR2 (progress report) report dated 08/29/14 noting continued complaints of pain and tenderness and difficulty with overhead activities. Physical examination showed restricted range of motion that was painful at end points. The documentation stated that treatment had been conservative including a course of formal physical therapy, activity restrictions, and work modifications. There was no documentation of prior injection therapy noted. The report of an MRI dated 08/07/14 revealed rotator cuff tearing with 2 centimeters of retraction, moderate joint effusion, and bicipital tenosynovitis. The clinical report dated 10/10/14 revealed continued complaints of shoulder pain with an inability to perform overhead activities and physical examination showing restricted range of motion with tenderness. A left shoulder arthroscopy for rotator cuff assessment was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Left shoulder arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California ACOEM Guidelines, the request for left shoulder arthroscopy is recommended as medically necessary. The medical records reveal that the claimant has full thickness rotator cuff tearing with a large joint effusion on imaging and has failed conservative care. Given the claimant's continued symptoms and confirmation of full thickness findings on imaging, the request for surgical arthroscopy would be supported as medically necessary.