

Case Number:	CM15-0016766		
Date Assigned:	02/05/2015	Date of Injury:	06/27/2002
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 59-year-old female who reported an injury on 06/29/2002. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with pain in the shoulder region and rotator cuff tear. On 11/20/2014, the injured worker presented for a follow-up evaluation. The injured worker was given an injection of Marcaine and Kenalog into the subacromial space. Previous conservative treatment also includes medication management. The injured worker presented with complaints of right shoulder pain. It is noted that the injured worker was status post rotator cuff repair in 2003. Upon examination, there was tenderness to palpation of the right shoulder, positive Neer, and Hawkin's sign, limited range of motion, and normal upper extremity strength. Recommendations at that time included an MRI of the right shoulder. A Request for Authorization form was then submitted on 01/07/2014 for a rotator cuff repair with subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Rotator Cuff Repair and Subacromial Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, there was no recent physical examination provided for this review. There were also no imaging studies provided. There is no documentation of a recent attempt at any conservative treatment. Given the above, the request is not medically appropriate at this time.