

<b>Case Number:</b>	CM15-0065534		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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

### 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 sustained an industrial injury on 09/25/2013. Current diagnosis includes other affections of shoulder region. Previous treatments included medication management and physical therapy. Previous diagnostic studies included an MRI of the left shoulder. Initial complaints occurred due to continuous cumulative trauma. Report dated 02/25/2015 noted that the injured worker presented with complaints that included left shoulder pain and limited range of motion. Pain level was not included. Physical examination was positive for abnormal findings. The physician noted that surgery was recommended by the QME. The treatment plan included request for arthroscopy left shoulder and rotator cuff repair, continue temporary total disability, and return in 6 weeks. Disputed treatments include 2 day inpatient stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 days Inpatient Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hospital length of stay (LOS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Hospital Length of stay.

**Decision rationale:** CA MTUS is silent on the issue of hospital length of stay. According to Official Disability Guidelines, Shoulder, Hospital Length of stay, 1 day is considered best practice for shoulder arthroscopy and rotator cuff repair. As the request of 2 days exceeds this, the determination is for non-certification. Therefore the requested treatment is not medically necessary.