

Case Number:	CM14-0140326		
Date Assigned:	09/10/2014	Date of Injury:	09/12/2009
Decision Date:	10/07/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/29/2014

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 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:

The claimant is a 58-year-old male who sustained a vocational injury on September 12, 2009 when he missed a step coming down a ladder and fell. The medical records provide for review included the June 13, 2014 office note that documented the claimant was diagnosed with a right shoulder rotator cuff tear and that the claimant was status post arthroscopy with rotator cuff repair. The report of the MRI of the right shoulder arthrogram on February 26, 2013 showed partial and full thickness tear of cuff tendon. The office note documented that physical therapy was started in March of 2013, but due to ongoing pain it was not carried out to the full extent. There are minimal abnormal objective findings on examination reported with regards to the right shoulder. This request is for right shoulder arthroscopy, possible rotator cuff repair versus debridement of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Arthroscopy possible rotator cuff repair vs. Debridement for the right shoulder, Right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-211.

Decision rationale: California MTUS/ACOEM Guidelines recommend that there should be documentation of activity limitation of more than four months plus the existence of a surgical lesion along with failure to increase range of motion and strength of musculature around the shoulder even after an exercise program. There should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There is very limited, if any, abnormal objective findings on examination to support the medical necessity of the requested procedure. There is a lack of formal MRI or MR arthrogram confirming pathology which may be amenable to surgical intervention. There is a lack of documented attempt and failure of exhaustive continuous conservative treatment for a minimum period of three to six months prior to recommending and proceeding with surgical intervention. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the right shoulder surgery and possible rotator cuff repair versus debridement cannot be considered medically necessary.