

Case Number:	CM13-0049890		
Date Assigned:	12/27/2013	Date of Injury:	03/09/2011
Decision Date:	05/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/08/2013

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 injured worker is a 51-year-old female who reported an injury on 03/09/2011. The mechanism of injury was the injured worker assisted a certified nursing assistant to pull a 200-pound resident up in bed, and as the injured worker pulsed the resident up, the injured worker felt pain in the neck radiating down to the left shoulder and arm. The injured worker had an MRI on 03/20/2013, which revealed a left coracoacromial arch that was studied and showed no abnormalities. There was noted to be a small intrasubstance tear of the midportion of the supraspinatus tendon. The documentation of 09/20/2013 revealed the injured worker had an MRI of the left shoulder with a small intrasubstance tear, and per the physician, it was opined there was a downward sloping of the acromion, along with intrasubstance partial-thickness tear of the supraspinatus tendon of the rotator cuff. The injured worker had a positive Neer and Hawkin's test on the left. External rotation strength at the side was 5/5 as was the supraspinatus strength testing. The treatment plan included a subacromial decompression and acromioplasty with rotator cuff debridement and possible rotator cuff repair. The diagnosis included industrial left shoulder partial-thickness rotator cuff tear with chronic rotator cuff impingement of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROTATOR CUFF REPAIR VS DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: ACOEM Guidelines recommend rotator cuff repair for significant tears that impair activities causing weakness of arm elevation or rotation. There should be documentation of a failure to conservative treatment and there should be documentation of positive findings on MRI. The clinical documentation submitted for review indicated the injured worker had a failure of conservative care. It was indicated that the injured worker had a positive Neer and Hawkins test. The injured worker had strength of 5/5 in external rotation and supraspinatus strength. The MRI indicated the injured worker had a left coracoacromial arch that had no abnormalities. The request as submitted failed to indicate which shoulder treatment was requested for. Given the lack of objective findings, the request for Rotator Cuff Repair Vs Debridement is not medically necessary.

"Associated surgical service"-ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LEFT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: ACOEM Guidelines indicate that the surgery for impingement syndrome is arthroscopic decompression. There should be documentation of a failure of conservative care including cortisone injections that are carried out for 3 to 6 months. Additionally, there should be findings on the MRI of impingement. The clinical documentation submitted for review indicated the injured worker had a positive Neer and Hawkins test. The clinical documentation submitted for review indicated the injured worker had a failure of conservative care. However, there was a lack of documentation indicating the injured worker had trial and failure of cortisone injections. There was a lack of documentation of objective findings upon MRI. Given the above, the request for Left Shoulder Arthroscopy, Subacromial Decompression is not medically necessary.