

Case Number:	CM13-0054785		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2012
Decision Date:	03/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

According to the records made available for review, this is a 45-year-old male with a 5/16/12 date of injury. At the time of request for authorization for Arthroscopy, shoulder, surgical, with rotator cuff repair, there is documentation of subjective (left shoulder pain with radiation into the left arm) and objective (decreased left shoulder range of motion, positive Hawkin's and Neer tests, and weakness and pain noted with function of the left shoulder) findings, imaging findings (MRI of left shoulder (9/15/12) report revealed mild tendinosis of the supraspinatus and subscapularis tendons, no significant rotator cuff tear, questionable mild increased signal intensity within the superior labrum which may indicate mild fraying, and mild degenerative changes of the acromioclavicular joint), current diagnoses (rotator cuff injury, left shoulder, with impingement), and treatment to date (PT, activity modification, medication, and cortisone injection). Plan indicates left shoulder open rotator cuff repair and subacromial decompression. There is no documentation of subjective findings (pain with active arc motion 90 to 130 degrees and pain at night), objective findings (weak or absent abduction, tenderness over rotator cuff or anterior acromial area, and temporary relief of pain with anesthetic injection), and imaging findings (positive evidence of deficit in rotator cuff).

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy shoulder, surgical with rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter, section on Surgery for rotator cuff repair

Decision rationale: ACOEM Guidelines support rotator cuff repair for partial full-thickness and small tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy, including cortisone injections for three months. In addition, surgery for impingement syndrome is not indicated for patients with mild symptoms or those who have no activity limitations. The Official Disability Guidelines identify documentation of: subjective findings (pain with active arc motion 90 to 130 degrees, pain at night), objective findings (weak or absent abduction, tenderness over rotator cuff or anterior acromial area, positive impingement sign, and temporary relief of pain with anesthetic injection [diagnostic injection test]), imaging findings (positive evidence of deficit in rotator cuff), and failure of 3-6 months of conservative treatment (including cortisone injections) as criteria necessary to support the medical necessity of Arthroscopy of the shoulder with rotator cuff repair. Within the medical information available for review, there is documentation of a diagnosis of rotator cuff injury of the left shoulder with impingement. In addition, there is documentation of objective findings (positive impingement sign) and failure of 3-6 months of conservative treatment (cortisone injections). However, despite documentation of subjective findings (left shoulder pain with radiation into the left arm), there is no documentation of additional subjective findings (pain with active arc motion 90 to 130 degrees and pain at night). In addition, there is no documentation of additional objective findings (weak or absent abduction, tenderness over rotator cuff or anterior acromial area, and temporary relief of pain with anesthetic injection). Furthermore, given documentation of a left shoulder MRI (9/15/12) identifying no significant rotator cuff tear, there is no documentation of imaging findings (positive evidence of deficit in rotator cuff). Therefore, the request for Arthroscopy, shoulder, surgical, with rotator cuff repair (outpatient) is not medically necessary and appropriate.