

Case Number:	CM14-0000342		
Date Assigned:	01/10/2014	Date of Injury:	02/15/2012
Decision Date:	04/22/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 Internal Medicine; Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 47 year-old with a date of injury of 02/15/12. A progress report associated with the request for services, dated 11/08/13, identified subjective complaints of pain in the left shoulder and right wrist. Objective findings included tenderness of the left shoulder with decreased range-of-motion; also tenderness of the right wrist with a positive Tinel's sign. An MRI was done on 08/02/13 that showed a partial tear of the supraspinatus, but a full-thickness tear was not ruled-out. Diagnoses included a torn rotator cuff (left) and carpal tunnel syndrome (right). A right shoulder labral repair was done in March of 2013. No medications are listed. A Utilization Review determination was rendered on 12/17/13 recommending non-certification of "LEFT SHOULDER ROTATOR CUFF REPAIR".

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Rotator Cuff Repair: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that rotator cuff repair is indicated for significant tears that impair activities by causing weakness or reducing range-of-motion. Conservative therapy is as effective as surgery in asymptomatic patients even with full-thickness tears. Indications for shoulder surgery of any type include: i. Red-flag conditions. ii. Activity limitation for more than four months, plus the existence of a surgical lesion. iii. Failure to increase range-of-motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. iv. Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The non-certification was based upon lack of documentation for conservative therapy that yields equivalent outcomes to surgery. However, the Guidelines only note that is true for asymptomatic patients. However, the Guidelines also note that indications for surgery include failure of an exercise program. In this case, the patient has a reduced range-of-motion and is symptomatic and has a surgical lesion. However, there is no documented evidence of an attempt to improve function with an exercise program. Therefore, there is no documented medical necessity for a surgical rotator cuff repair.