

Case Number:	CM14-0003585		
Date Assigned:	01/31/2014	Date of Injury:	12/22/2011
Decision Date:	06/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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 patient has submitted a claim for left shoulder partial thickness rotator cuff tear and subacromial impingement associated with an industrial injury date of December 22, 2011. Treatment to date has included 24 sessions of physical therapy, chiropractic (no of visits not documented), 36 visits for acupuncture, and pain medications. Medical records from 2013 were reviewed showing that the patient has been complaining of neck pain, left shoulder pain, left arm pain and multiple left upper extremity pain. On physical exam Neer and Hawkins test were positive, Belly Test and Lift off test were equivocal, MMT 5/5, Left shoulder ROM: abduction-90 degrees, external rotation 90 degrees, external rotation w/arms on side 70 degrees. MRI of the left shoulder, undated, revealed a partial-articular-sided tear of the supraspinatus, with no evidence of full thickness tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT SHOULDER ARTHROSCOPIC EVALUATION OF SUBACROMIAL DECOMPRESSION AND POSSIBLE ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Diagnostic Arthroscopy.

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

Decision rationale: The CA MTUS ACOEM Chapter 9 pages 209-210 indicates that arthroscopic surgery and decompression for the shoulder may be considered reasonable and necessary if there is activity limitation for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion. In this case, it was mentioned that the patient did not have any significant response to the 24 sessions of physical therapy. However, it is unclear if all types of conservative management have been exhausted. Furthermore, the MRI revealed only a partial-articular-sided tear of the supraspinatus. Likewise, the official result of the MRI was not made available for review. Moreover, there was no documentation regarding data of range of motion and strength before and after physical therapy for comparison. The guideline criteria have not been met due to lack of information. Therefore, the request for left shoulder arthroscopic evaluation is not medically necessary.

EVALUATION OF SUBACROMIAL DECOMPRESSION AND POSSIBLE ROTATOR CUFF REPAIR: 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.