

Case Number:	CM14-0104563		
Date Assigned:	07/30/2014	Date of Injury:	03/22/2011
Decision Date:	10/20/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 38 year old female with an industrial injury dated 03/22/11. Exam note 05/09/14 states that the patient returns with bilateral shoulder pain and weakness. Upon physical exam of the right shoulder there was a forward flexion of 0'-175', external rotation of 0'-40', and an internal rotation to T12. Range of motion for the left shoulder was a flexion of 0'-175', external rotation of 0'-40', and an internal rotation to T12. The patient completed a positive Hawkin's sign for impingement with weakness with abduction testing. The patient was diagnosed with a bilateral shoulder impingement syndrome. Treatment includes a left shoulder arthroscopy, and cuff repair. No MRI report of the left shoulder submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, subacromial decompression, and cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, surgery for rotator cuff repair

Decision rationale: According to the California MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The Official Disability Guidelines Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 5/9/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 5/9/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. There is no evidence of an MRI report in the submitted records to warrant surgical care. Therefore, the request is not medically necessary.