

Case Number:	CM14-0015484		
Date Assigned:	02/28/2014	Date of Injury:	08/25/2000
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/06/2014

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 General Surgery and is licensed to practice in Texas. 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 49-year-old female who was reportedly injured on 08/25/2000. The mechanism of injury was not provided. The injured worker had a history of prior rotator cuff repair surgery approximately eight (8) years ago, and underwent revision rotator cuff repair with subacromial decompression to the right shoulder on 07/24/13. Per the agreed medical exam (AME) report dated 02/07/13, the injured worker underwent an MRI of the left shoulder on 12/20/12, which showed acromioclavicular joint arthropathy with slight inferior tilt of the acromion with depression on the supraspinatus tendon narrowing of the rotator cuff outlet. There was a small full thickness rotator cuff tear measuring approximately 4mm it was noted that it was clinically indicated follow up arthrogram may be helpful to confirm. Per office note dated 02/11/14, the injured worker had eight (8) session of physical therapy for the left shoulder and felt she had some improvement, but continued to have constant aching pain. A physical examination reported abduction 130 degrees, forward flexion 140 degrees, external rotation 90 degrees, and internal rotation 80 degrees. The impingement sign was positive. Muscle testing was 5/5 throughout. A request for left shoulder arthroscopy with rotator cuff repair was non-authorized on 01/08/14, noting that the clinical documentation provided revealed functional left shoulder range of motion and no significant weakness or limitations in function, only pain. Also there was no indication that the injured worker had failed conservative skilled care to address the left shoulder complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for rotator cuff repair

Decision rationale: The MTUS/ACOEM Guidelines indicate that rotator cuff repair is recommended after firm diagnosis is made and rehabilitation efforts have failed. The injured worker complains of left shoulder pain, and progress report dated 02/11/14 notes that the injured worker to have had eight (8) physical therapy visits for the left shoulder; however, there is no indication that the injured worker has had and failed three to six (3 to 6) months of conservative care. There is no indication that the injured worker has had a positive response to diagnostic anesthetic injection. There is no evidence on physical examination of pain with active arc motion 90 to 130 degrees, and no mention of night pain. There is no weakness documented. Based on this information, the request for left shoulder arthroscopy with rotator cuff repair does not meet guideline criteria and is not indicated as medically necessary.