

Case Number:	CM14-0119244		
Date Assigned:	08/06/2014	Date of Injury:	02/15/2013
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	07/29/2014

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 Orthopedics 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 34 year old male with reported industrial injury on 2/15/13. An MRI of the left shoulder 7/24/13 demonstrates fraying of the rotator cuff without evidence of a full thickness tear. Physical therapy notes demonstrate 10 visits of therapy have been completed to date. Exam note 5/16/13 demonstrates claimant complains of left shoulder pain. Exam demonstrates positive impingement signs with a positive Jobe's test. Exam note 6/11/14 demonstrates ongoing left shoulder pain. Exam demonstrates 130 degrees of flexion and 110 degrees of abduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, rotator cuff repair, possible SLAP repair and SAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

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

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 ODG 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 6/11/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 6/11/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. In addition there is no evidence of rotator cuff pathology from the MRI of 7/24/13 satisfy the guidelines. Therefore the determination is for non-certification for the requested procedure.

Eight (8) sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

Ultrasling: 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, Online Version: Post Operative Abduction Pillow Sling.

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.