

Case Number:	CM14-0123753		
Date Assigned:	08/08/2014	Date of Injury:	05/07/2014
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 injured worker is a 56-year-old male who sustained a vocational injury on 05/07/14 when he slipped and struck his left shoulder against a metal bedrail while caring for a patient. The office note dated 06/16/14 noted diagnoses of lumbosacral sprain/strain, left sacroiliac strain, and rule out internal derangement of the left shoulder. The claimant complained of pain in his low back with repetitive bending or lifting and left shoulder pain worse with reaching, pushing, pulling or overhead work. The office note documented examination of the cervical spine was benign. An examination of the left shoulder showed pain on palpation of the left trapezius, range of motion was decreased with pain in all directions with the exception of adduction. He had positive impingement signs and Speed's sign. The report of an MRI of the left shoulder from 06/16/14 showed full thickness tearing of the anterior supraspinatus tendon, which is noted to be 2.5 centimeters by 1.1 centimeters, mild decreased muscle bulk of the supraspinatus, and moderate subscapularis tendinosis. There was mild degeneration of the superior and posterior labrum. There was moderate severe acromioclavicular joint arthrosis and a Type I acromion with mild narrowing of the subacromial space. Conservative treatment to date includes formal physical therapy, acupuncture, and a corticosteroid injection. The current request is for a left shoulder arthroscopic decompression and repair of the rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder arthroscopic decompression repair of the rotator cuff.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: The California MTUS ACOEM Guidelines recommend in the setting of full thickness tears, typically surgical intervention is recommended. However, in this case documentation suggests that the claimant has been recently prescribed a formal course of physical therapy and provided with a subacromial injection. There is no documentation suggesting that the claimant has the same or worsening symptoms following formal physical therapy and his injection. Prior to considering medical necessity for the requested surgical intervention, which in the end may be reasonable, it would be imperative to know how the claimant responded to conservative treatment of injection therapy as well as formal physical therapy. Certainly, if the claimant gets significant relief both in the short and long term setting, with the conservative treatment, it may be reasonable to hold off on surgical intervention even in the setting of a full thickness rotator cuff tear. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and without knowing the response to the conservative treatment in the form of injection therapy and formal physical therapy, the request for left shoulder arthroscopic decompression or repair of the rotator cuff is not medically necessary.