

Case Number:	CM14-0129710		
Date Assigned:	09/22/2014	Date of Injury:	10/12/2013
Decision Date:	11/04/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/14/2014

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:

57 year old female claimant with an industrial injury dated 10/12/13. Ultrasound of the bilateral shoulders dated 05/20/14 demonstrates a right full thickness tear, right long head biceps tenosynovitis, right subacromial subdeltoid bursitis, right acromioclavicular joint hypertrophy/osteophyte formation/ narrowing of the subacromial space, right normal glenoid labrum, and left shoulder comparison. Exam note 06/26/14 states the patient returns with right shoulder pain in which she rates a 8/10. Upon physical exam the patient demonstrates a painful arc against resisted abduction of the left shoulder. There was evidence of myofascial tenderness in the bilateral trapezius, along with supraspinatus tendon tenderness on the left and positive left impingement. Diagnosis is noted as right shoulder impingement, with a rule out rotator cuff tear. Treatment includes additional physiotherapy sessions, and a right shoulder rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic rotator cuff repair.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

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) Surgery for rotator cuff repair

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, pages 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 6/26/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 6/26/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the determination of the request is for not medically necessary.

Pre op Medical clearance.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.