MAXIMUS Federal Services

Case Number:	CM14-0142939		
Date Assigned:	09/10/2014	Date of Injury:	09/05/2003
Decision Date:	11/05/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/03/2014

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:

This is a 73-year-old male who sustained a vocational injury on 09/05/03. The office note dated 08/19/14, noted complaints of right shoulder pain and that the claimant had had right shoulder surgery by an outside service in 2003 and cervical spine surgery in March 2014. The claimant noted that his right shoulder pain was anterior and radiated into the lateral aspect of the arm described as a burning sensation. He has no pain at night. There is no pain with overhead reaching. There is no catching as the arm is lowered from an elevated position. There is no catching with the arm below the level of the shoulder. The claimant denied numbness or paresthesias in the upper extremities. The claimant was noted to be utilizing narcotics for pain control. The claimant was also noted to be status post two previous left shoulder surgeries. Physical examination revealed that no atrophy was appreciated, and no tenderness to palpation globally about the right shoulder. Range of motion was decreased in the planes of abduction, flexion, and external rotation. The claimant had 5/5 strength in the bilateral upper extremities. Reflexes and sensation were within normal limits. The claimant had a positive impingement sign. There was pain with abduction of the shoulder and with abduction against resistance. It was noted that x-rays of the right shoulder demonstrated no fracture, no glenohumeral arthritis, and no loose bodies. There was no superior subluxation of the humerus relative to the glenoid. Acromioclavicular arthritis was appreciated. There was a Type II acromion noted. The claimant was given a diagnosis of right rotator cuff tear with impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder rotator cuff repair, biceps tenodesis, ligament release: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Biceps tenodesis

Decision rationale: California ACOEM Guidelines note that prior to proceeding with surgical intervention for the shoulder, there should be documentation of activity limitations for more than four months plus the existence of a surgical lesion. In addition, there should be documentation that there is failure to increase range of motion and strength of the musculature around the shoulder even after an exercise program plus the existence of a cervical lesion. There should be clear clinical and imaging evidence that the lesion is shown to benefit in short and long term by surgical repair. The medical records do not provide any diagnostic study for review confirming pathology of the right shoulder which would be amenable to surgical intervention. In addition, it would be pertinent to know what previous surgical intervention was performed on the right shoulder and, if it was a previous rotator cuff repair, it would be imperative to know the quality of tissue and the type of repair that was performed to insure that a repeat revision rotator cuff repair would be acceptable. There is a lack of documentation that the claimant has attempted, failed, and exhausted a reasonable course of conservative treatment for a minimum period of three to six months as recommended by California ACOEM Guidelines. Based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the right shoulder rotator cuff repair and biceps tenodesis cannot be considered medically necessary.