

Case Number:	CM14-0157510		
Date Assigned:	09/30/2014	Date of Injury:	10/22/2004
Decision Date:	11/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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 patient is a 52 year old female who sustained an industrial injury on 10/22/2004. She has prior surgical history of right shoulder arthroscopy with Mumford procedure x 2 (2007, 2008) and C5-6 C6-7 total disc arthroplasty on 4/6/2009. A prior peer review on 9/3/2014 non-certified the request for left shoulder arthroscopic rotator cuff repair, pre-op internal med clearance, and post op physiotherapy 2 x 12. The medical necessity of the requested surgery was not established in accordance with the referenced guidelines regarding indications for shoulder arthroscopy with RCR. The patient underwent an orthopedic AME Re-evaluation with [REDACTED] on 4/2/2013. The AME report details an extensive history of treatment. The AME states the MRI scan shows rotator cuff tears which are probably degenerative in nature. He states the patient has not worked in 13 years, and cannot reasonably link her job with her left shoulder pain. The left shoulder pain and problems on the left are non-industrial. She had an MRI scan on 4/7/2011 which is consistent with a full thickness tear of the supraspinatus tendon. The AME does not recommend surgery in this patient. Considers left surgery very equivocal, but if done, should be non-industrial basis. The patient was seen by [REDACTED] for an initial orthopedic evaluation on 8/20/2014 for chief complaint of right and left shoulder pain. She reports she last received care in the form of chiropractic for about one month in 2013. She has not been under any care of physician or pain medications. She is taking medications for depression and anxiety. She complains of neck pain to right side with minimal radicular pain to the right arm, lower back pain, right hand pain and numbness, right shoulder pain, and left shoulder pain. Current medications are Zoloft, Seroquel, Prilosec, and trazodone. Physical examination of the left shoulder indicates tenderness in the subacromial bursa, pain and weakness with abduction against resistance, pain and crepitation with circumduction, positive Neer's sign, pain with some limited ROM, and 5/5 motor strength of the left upper extremity. Diagnostic impressions are 1.

Status post repeat right shoulder arthroscopic surgery with residual limitation of movement and persistent pain; 2. Full thickness tear left rotator cuff seen on MRI scan; 3. Status post C5 C6 and C6 C7 artificial replacement surgery; 4. Early carpal tunnel syndrome wrist; 5. Chronic minimal lower back pain; 6. Chronic depression. Left shoulder arthroscopy is recommended. She is still considered P&S and unable to return to any employment. Authorization is requested for left shoulder arthroscopic rotator cuff repair, preoperative internal medicine clearance, and postoperative physiotherapy 2 x 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Rotator Cuff Repair: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rotator Cuff Tear Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for rotator cuff repair

Decision rationale: According to the CA MTUS ACOEM guidelines, surgical considerations depend on the working or imaging-confirmed diagnoses of the presenting shoulder complaint. According to the guidelines, repair of the rotator cuff is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. However, rotator cuff tears are frequently partial-thickness or smaller full-thickness tears. Studies of normal subjects document the universal presence of degenerative changes and conditions, including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. In the case of this patient, it is noted that the AME does not recommend left shoulder surgery, considers the intervention equivocal at best, and also considers the left shoulder condition non-industrial. More importantly, the MRI scan is more than 3 years old, and the medical records do not establish there are significant functional limitations present as well as failure of a recent course of conservative care, such as would include NSAIDs, physical therapy and HEP and possible cortisone injection to the left shoulder. The patient does not have any reported night pain, significant motion loss, strength deficit, with resultant loss of function. Given the absence of significant deficit and documentation to establish failure of conservative care, she is not a candidate for the requested surgery. Therefore the request is not medically necessary.

Pre Op Internal Med Clearance for the Left Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultations, page 503-524

Decision rationale: The medical records do not establish the patient is a candidate for the proposed left shoulder surgery. Consequently, preoperative internal medicine clearance is not medically necessary.

Post Op Physiotherapy 2 X 12 for the Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The medical records do not establish the patient is a candidate for the proposed left shoulder surgery. Consequently, postoperative PT is not medically necessary.