

Case Number:	CM14-0024625		
Date Assigned:	06/11/2014	Date of Injury:	04/12/2010
Decision Date:	07/24/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 62-year-old female machine operative sustained an industrial cumulative trauma injury on 4/12/10, relative to her job duties soldering microchips. Past medical history was positive for diabetes mellitus. The 7/2/13 PQME report cited right shoulder pain with arm use above shoulder level. Physical exam findings documented shoulder range of motion as flexion 95, abduction 120, adduction/extension 20, internal rotation 30, and external rotation 70 degrees. There were positive impingement and supraspinatus signs and 3+ positive crepitus. Motor exam was 5/5 in both upper extremities. A right shoulder MRI was recommended. The 7/10/13 right shoulder MRI impression documented a full thickness 1.2 cm supraspinatus tear with 2 cm retraction, severe infraspinatus tendinosis, mild subscapularis tendinosis, mild biceps tendonitis, and possible small anterior labral tear. The 11/6/13 PQME future medical recommendations included medications, injections, and surgical treatment. The 1/16/14 treating physician report indicated that the patient was 2 weeks status post right carpal tunnel release. There were no shoulder exam findings. The patient wished to proceed with right shoulder arthroscopy for rotator cuff tear. The 2/12/14 utilization review denied the request for right shoulder arthroscopy based on an absence of shoulder physical exam and detailed documentation of conservative treatment. The 3/27/14 utilization review denied the reconsideration request for right shoulder arthroscopy based on an absence of significant physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY: 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 Official Disability Guidelines (ODG) Shoulder, Surgery for rotator cuff repair.

Decision rationale: The California MTUS guidelines do not address rotator cuff repair for chronic injuries. The Official Disability Guidelines for rotator cuff repair with a diagnosis of full thickness tear typically require subjective and objective exam findings consistent with positive imaging evidence of rotator cuff deficit. For small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. Guideline criteria have been met. This patient presents with limited range of motion and positive impingement signs. There is imaging evidence of a small full thickness rotator cuff tear and severe infraspinatus tendinosis. There is no detailed documentation that guideline-recommended comprehensive conservative treatment for the right shoulder had been tried and failed. Therefore, this request for right shoulder arthroscopy is not medically necessary.