

Case Number:	CM14-0025414		
Date Assigned:	06/11/2014	Date of Injury:	09/30/2012
Decision Date:	07/15/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 50-year-old female an injury reported on 09/30/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/27/2014 reported that the injured worker complained of lumbar spine pain that radiated to the bilateral lower extremities with numbness and tingling. The physical examination revealed tenderness to palpation to the bilateral shoulders at the subacromial and acromioclavicular joint. The bilateral shoulders demonstrated decreased range of motion, with a positive impingement test and cross arm test. The injured worker's diagnoses included bilateral shoulder early osteoarthritis left greater than right, lumbar spine L4 to S1 with mild bilateral intervertebral stenosis, and bilateral shoulder impingement. The injured worker's prior treatments included physical therapy, home exercises, medications, and acupuncture. The specific dates and amount of previous treatments were not provided in the clinical documentation. The provider requested 1 surgical consult with [REDACTED] for the evaluation of the injured worker's left shoulder. The Request for Authorization was submitted on 02/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SURGICAL CONSULT WITH [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for rotator cuff repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for rotator cuff repair.

Decision rationale: The physical examination revealed the injured worker had bilateral shoulder pain and tenderness to palpation. The requesting physician's rationale for surgical consult is for the evaluation of the injured worker's left shoulder. The CA MTUS/ACOEM guidelines note surgical consultation may be indicated for patients who have red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.); activity limitation for more than four months, plus existence of a surgical lesion; failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The Official Disability Guidelines recommend the repair of the rotator cuff when 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. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. There is a lack of clinical evidence of MRI, ultrasound, or conventional x-ray demonstrating a deficit in the rotator cuff to bilateral shoulders. There is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercises, and/or NSAIDs. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is not medically necessary and appropriate.