

Case Number:	CM14-0028683		
Date Assigned:	06/16/2014	Date of Injury:	05/03/2013
Decision Date:	08/04/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/06/2014

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:

56 year old claimant with industrial injury reported to be 5/3/13. Claimant with complaint of left shoulder pain. Exam note from 1/15/14 demonstrates left shoulder pain with tenderness to palpation over the biceps tendon. The exam note demonstrates a positive Speed test and preserved strength is noted in the shoulder. MRI left shoulder from 8/6/13 demonstrates no evidence of full thickness tear of the supraspinatus tendon and possible osteoporosis. It is noted that the biceps tendon is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER EXPLORATION OF BICEPS AND POSSIBLE TENODESIS WITH EXPLORATION OF CUFF AND REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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) Shoulder section, surgery for rotator cuff repair.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, 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 Official Disability Guidelines (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 5/3/13 do not demonstrate 4 months of failure of activity modification. The physical exam from 5/3/13 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. In addition, there is no evidence of pathology in the rotator cuff or biceps tendon from the MRI dated 8/6/13. Therefore, the request for left shoulder exploration of biceps and possible tenodesis with exploration of cuff and repair is not medically necessary and appropriate.

PREOPERATIVE CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, the determination is for non-certification for preoperative consultation.

SURGERY/MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, the determination is for non-certification for surgery/medical clearance.