

Case Number:	CM14-0030931		
Date Assigned:	06/20/2014	Date of Injury:	10/25/2011
Decision Date:	07/31/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/11/2014

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 42-year-old claimant who was injured on 10/25/11, when he was working as a laborer. He fell from about 12 feet and attempted to break his fall with an outstretched arm. The claimant's current working diagnoses are left shoulder partial thickness rotator cuff tear, left shoulder impingement syndrome, and left shoulder pain. The records provided for review do not contain any documentation of prior surgery. The report of an MRI of the left shoulder dated 3/27/14, identified near complete full thickness tear of the supraspinatus tendon with mild retraction, tendinopathy of the infraspinatus tendon with a partial bursal-sided tear anteriorly, findings suspicious for severe tendinopathy versus partial tear of the proximal biceps tendon, and the labrum was noted to be within normal limits. The office note by [REDACTED] dated 5/30/14, noted continued complaints of left shoulder pain with weakness and fatigue. Physical findings on examination did not reveal any gross deformity, 4/5 muscle strength testing with forward flexion and abduction, positive impingement test, negative Speed's, negative Yergason's, equivocal push-off test, and equivocal Hornblower's Test. Range of motion was noted to be 160 degrees of forward flexion, 130 degrees of abduction, external rotation to 80 degrees, and internal rotation to 60 degrees. There was no scapular dyskinesis noted. The documentation indicates that conservative care to date includes two (2) steroid injections and eighteen (18) sessions of formal physical therapy. The recommendation was made for left shoulder arthroscopy with rotator cuff debridement/possible repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with Rotator Cuff Debridement/Possible Repair: Overturned

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: After review of the documentation presented for review and in accordance with the California MTUS/ACOEM Guidelines, the proposed surgery for left shoulder arthroscopy, debridement, and rotator cuff repair would be medically necessary. The MTUS/ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for patients who have: red-flag conditions, such as acute rotator cuff tear in a young worker and glenohumeral joint dislocation; activity limitation for more than four months, plus existence of a surgical lesion; and 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 MRI performed on 3/27/14 showed a near complete full thickness tear of the supraspinatus tendon, with mild retraction and a small partial bursal-sided tear anteriorly of the infraspinatus tendon. The claimant has continued complaints of pain, with motion restrictions and objective findings on physical exam consistent with a rotator cuff tear. The guideline criteria are met in that the claimant continues to have symptoms and activity limitations despite conservative treatment and has a lesion on imaging that benefits from surgery both in the short and long term. It is reasonable at this time to proceed with left shoulder arthroscopy with rotator cuff debridement/possible repair.