

Case Number:	CM14-0038605		
Date Assigned:	06/27/2014	Date of Injury:	10/20/2009
Decision Date:	07/31/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 55-year-old male driver sustained an industrial injury on 10/20/09, relative to work duties either opening trailer door or pulling pallets. His past medical history was positive for two right shoulder surgeries. He underwent left biceps tenotomy, arthroscopic subacromial decompression in late 2011. The 12/17/13 left shoulder MRI impression documented probable moderate-grade partial thickness tear of the supraspinatus with tendinosis, mild biceps tendinosis, probable superior labral fraying, and mild acromioclavicular joint osteoarthritis. The 3/11/14 occupational medicine report cited grade 8/10 constant sharp left shoulder pain. Pain is aggravated by lifting and reaching overhead. The physical exam documented moderate tenderness to palpation over the anterior deltoid region. Left shoulder active range of motion included flexion 120, extension/adduction 40, abduction 90, internal rotation 30, and external rotation 40 degrees. There was focal weakness. The 3/11/14 orthopedic report indicated the patient had recently experienced a pop in his left shoulder. The left shoulder exam documented no atrophy or winging, symmetrical shoulder motion, normal muscle strength, and positive impingement test. The orthopedist recommended repeat arthroscopy with repair of any injured tissue, but stated that relief and pain and improvement in function were unpredictable. Records indicated a recent exacerbation and conservative treatment including anti-inflammatories and subacromial injection without benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with Repair Rotator Cuff: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Indications for Surgery-Rotator Cuff Repair.

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 of partial thickness tears require 3 to 6 months of conservative treatment plus weak or absent abduction and positive impingement sign with a positive diagnostic injection test. The Guideline criteria have not been met. This patient recently experienced an exacerbation of his left shoulder symptoms. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried for 3 to 6 months and had failed. There is no evidence of a positive diagnostic injection test or documentation of rotator cuff weakness. Therefore, this request for left shoulder arthroscopy with rotator cuff repair is not medically necessary.