

Case Number:	CM14-0039525		
Date Assigned:	06/27/2014	Date of Injury:	08/29/2008
Decision Date:	08/05/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Shoulder and elbow Surgery and is licensed to practice in California and Utah. 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 53-year-old male who reported injury on 08/29/2008. The mechanism of injury was not provided. The injured worker underwent an MRI of the right shoulder on 01/23/2014, which revealed a small partial thickness versus full thickness tear along the anterior border of the supraspinatus tendon and attachment. The rotator cuff tendons and muscles were within normal limits. There was no visible labral tear, a normal biceps tendon, and there was mild acromioclavicular joint arthrosis. There was a slight subluxation of the humeral head. The injured worker underwent an EMG/NCV on 01/20/2014 which revealed a normal study except for right C5-6 dorsal rami involvement. There was no electrodiagnostic evidence of peripheral neuropathy, radiculopathy, or plexopathy of the upper limbs. Physical examination dated 09/18/2013 revealed the injured worker was complaining of severe, constant, same neck and bilateral shoulder pain, right more than left pain, shooting down the right upper extremity with tingling, numbness, and paresthesias. The objective findings revealed the injured worker had a well healed arthroscopic portal and the right range of motion of the shoulder was restricted. The right shoulder elevation was 90-100 degrees. Passive range of motion above active range of motion of the right shoulder was painful. There was nondermatomal diminished sensation to light touch in the right upper extremity. There was paravertebral muscle spasm and localized tenderness in the lower cervical and right supraclavicular region. The diagnosis included partial right shoulder rotator cuff tear with tendinosis of the supraspinatus and infraspinatus tendon, as well as status post right shoulder subacromial decompression. Treatment plan included a second surgical procedure for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder surgery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Diagnostic Arthroscopy.

Decision rationale: The Official Disability Guidelines indicate the criteria for diagnostic arthroscopy includes cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. The clinical documentation submitted for review indicated the injured worker had findings upon MRI examination and there was a lack of documentation of a trial and failure of conservative care including injections and physical therapy. As such, diagnostic arthroscopy would not be supported. The request as submitted failed to indicate the type of surgery being requested. Given the above, the request for right shoulder surgery is not medically necessary.