MAXIMUS Federal Services

Case Number:	CM14-0047092		
Date Assigned:	07/02/2014	Date of Injury:	09/11/2010
Decision Date:	12/05/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 Surgeon and Pediatric Orthopedics, has a subspecialty in Texas and Colorado and is licensed to practice in Texas and Colorado. 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 49-year-old female who reported an injury on 09/11/2010. The mechanism of injury involved a fall. The current diagnoses include bilateral shoulder sprain/strain, right shoulder rotator cuff partial tear, right wrist cyst/nodule, bilateral wrist internal derangement, lumbar disc disease, left knee medical meniscus tear, left ankle tendonitis, gastroesophageal reflux disease, and insomnia. The injured worker was evaluated on 03/04/2014 with complaints of right shoulder pain, left shoulder pain, left elbow pain, right hand pain, left hand pain, lower back pain, and left ankle pain. The injured worker is status post cortisone injection into the right shoulder in 12/2013, which provided 2 to 5 days of relief. The injured worker has also completed 24 sessions of physical therapy without improvement. Physical examination of the right shoulder revealed 120 degree flexion, 35 degree extension, 120 degree abduction, 40 degree abduction, 55 degree internal rotation, 50 degree external rotation, positive impingement test, positive Neer and Hawkins test, positive empty can supraspinatus test, and diminished motor strength. Treatment recommendations at that time included a right shoulder arthroscopy with rotator cuff repair. A Request for Authorization form was then submitted on 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Rotator Cuff: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 Chapter, Surgery for rotator cuff repair.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. The Official Disability Guidelines state prior to surgery for rotator cuff repair, there should be documentation of at least 3 to 6 months of conservative treatment. There should be imaging evidence of a deficit in the rotator cuff. As per the documentation submitted, the injured worker has exhausted conservative treatment in the form of physical therapy and cortisone injections. However, there was no imaging studies provided for this review documenting evidence of a deficit in the rotator cuff. Therefore, the current request is not medically appropriate at this time.