

Case Number:	CM14-0055832		
Date Assigned:	07/09/2014	Date of Injury:	06/12/2013
Decision Date:	08/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/25/2014

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 patient is a 56 year old female with an industrial injury dated 06/12/13. Exam note 03/21/14 states patient returns with right shoulder pain in which is described as a 7/10 with burning and throbbing. Patient also states she has a sense of swelling, numbness and tingling. Active range of motion is listed as limited and her passive range of motion is normal; with her Hawkin's and O'brien test results coming out possitive. Patient has a abduction strength of 4/5, with a flexion of 4/5 and an external rotation motor strenght also being a 4/5. Exam note 07/31/13 states MRI results demonstrate a low-grade partial thickness tear of the supraspinatus tendon with associated tendiinopathy, subscapularis tendinopathy, mild subacromial bursitis, and non-specific thickening of the coracohumeral ligament. Exam note 08/06/13 states the results of the EMG/NCS upper extremities test results illistrate mild right carpal tunnel. Patient has undergone one steroid injection and has tried physicl therapy to help relieve the pain with no success. Patient is diagnosed with partial thickness rotator cuff tear with a treatment plan of a right shoulder arthroscopy with rotator cuff repair. Utilization review 04/02/14 denies request to due to lack of proof of medical necessity.

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 repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation ODG Shoulder Chapter (Official Disability Guidelines).

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, Surgery for rotator cuff repair.

Decision rationale: According to the CA MTUS Shoulder Chapter, page 209-210, 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 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 3/21/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 3/21/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. In addition the MRI of the right shoulder from 7/31/13 demonstrates minimal findings and no evidence of a full thickness tear. Therefore the request for right shoulder arthroscopy with rotator cuff repair is not medically necessary and appropriate.