

Case Number:	CM14-0059051		
Date Assigned:	07/09/2014	Date of Injury:	05/29/2009
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/29/2014

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:

The claimant is a 61 year old female with a reported industrial injury on 5/29/09 with neck, shoulder and arm pain. Claimant is status post right shoulder arthroscopy 6/30/12. MRI of the right shoulder 6/2/11 demonstrates severe acromioclavicular osteoarthritis with mild to moderate tendinopathy of the supraspinatus tendon. MRI right shoulder on 12/18/13 demonstrates full thickness tear of supraspinatus tendon near its insertion, partial tear of infraspinatus tendon. Exam note from 2/26/14 demonstrates restricted range of motion in the right shoulder with positive impingement test and tenderness over the greater tuberosity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC SURGERY ARTHROSCOPIC DECOMPRESSION AND ROTATOR CUFF REPIAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

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 section, Surgery for Rotator cuff repair.

Decision rationale: According to the California 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 Official Disability Guidelines (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 2/26/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 2/26/14 does not demonstrate a degree of painful arc of motion, night pain or relief from anesthetic injection. While there is evidence of pathology in the rotator cuff from 12/18/13 this in isolation does not satisfy the guidelines. Therefore, the request for right shoulder arthroscopic surgery arthroscopic decompression and rotator cuff repair is not medically necessary and appropriate.