

Case Number:	CM14-0060778		
Date Assigned:	07/09/2014	Date of Injury:	09/15/2007
Decision Date:	08/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 injured worker is a 53 year old male with an industrial injury reported on 9/15/07. He is status post right shoulder arthroscopy with subacromial decompression. Exam note 3/4/14 demonstrates complaint of right shoulder and neck pain. Exam also demonstrates tenderness over the biceps tendon with pain on full extension with the arm at 90 degrees. Range of motion is full as noted in the chart note. MRI left shoulder on 11/29/12 demonstrates a partial thickness rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, repair rotator cuff: Upheld

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

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 CA MTUS Shoulder Chapter, pages 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 3/4/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 3/4/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. While there is evidence of pathology in the rotator cuff from 11/29/12, it does not satisfy the guidelines. Therefore the request for left shoulder arthroscopy, repair rotator cuff is not medically necessary.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard medical texts (eg, Harrison's Textbook of Medicine, Washington Manual of Medical Therapeutics).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post op physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.