

Case Number:	CM14-0071858		
Date Assigned:	07/16/2014	Date of Injury:	04/28/2010
Decision Date:	08/25/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 58-year-old male who reported an injury on 04/28/2010. The mechanism of injury was not specifically stated. Current diagnoses include right shoulder adhesive capsulitis, status post rotator cuff repair on 02/09/2011, left shoulder rotator cuff tendinitis, lateral epicondylitis of the right elbow, carpal tunnel syndrome on the right, status post right carpal tunnel release on 03/09/2013, status post left carpal tunnel release, left knee sprain, degenerative joint disease in the right knee, status post left knee arthroscopic surgery in 1994, anxiety with depression, and insomnia. Evaluation dated 10/21/2013 note w complaints of intermittent pain in the left shoulder. Previous conservative treatment was not mentioned. Physical examination on that date revealed 160 degree flexion, 165 degree abduction, and 40 degree extension in the left shoulder. Treatment recommendations at that time included a left shoulder arthroscopy with rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic surgery with rotator cuff repair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: The 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. As per the documentation submitted, there is no objective evidence of a significant musculoskeletal or neurological deficit with regard to the left shoulder. There were no imaging studies provided for this review. There is no documentation of an attempt at any conservative treatment for the left shoulder prior to the request for a surgical intervention. Therefore, the request for left shoulder arthroscopic surgery with rotator cuff repair is not medically necessary and appropriate.