MAXIMUS Federal Services

Case Number:	CM14-0074559		
Date Assigned:	07/16/2014	Date of Injury:	10/25/2012
Decision Date:	10/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 Indiana. 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 left-hand-dominant 63-year-old male with right shoulder pain s/p injuries to the right shoulder which occurred on 10/25/12 when he was working as a warehouseman. The worker was placing cases onto a pallet rack above shoulder level. A case pushed back and when he pushed it back onto the rack, he developed right shoulder pain. Hours later when pulling a case down from a bottle rack, he again developed sudden right shoulder pain. The worker does have a history of prior arthroscopic right shoulder surgery performed in 2005. The worker complains of activity related shoulder pain rated 4 - 8/10 including night pain. Aggravating factors include repetitive use activites of the non-dominant upper extremity with pushing, pulling, lifting, carrying, twisting, and turning. The worker also complains of tingling and numbness in all the digits of the right hand. His symptoms have persisted despite conservative treatment including activity modification with a 20 pound weight restriction, ice, Motrin and Prozac. No x-rays of the shoulder are included in the medical records provided for review. The treating physician in a 4/28/14 office visit note states that an MRI of the shoulder demonstrates a rotator cuff tear, but the official MRI report is not available for review in the medical records provided for review. On physical examination of the right shoulder performed by the treating physician on 4/28/14, it is noted that the worker has "tenderness in the bicipital groove and over the anterior lateral acromion with no supraspinatus or posterior tenderness. . . Drop arm testing is negative, both in pronation and supination, with and without resistantance, indicating the rotator cuff is functional." The treating physician is requesting approval for an open rotator cuff repair of the right shoulder shoulder based on the MRI scan findings and the fact that the worker has had previous arthroscopic right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Open Rotator Cuff Repair.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210 - 211. Decision based on Non-MTUS Citation (ODG) Shoulder (Acute and Chronic), Surgery for Rotator Cuff Repair

Decision rationale: According to the CA MTUS ACOEM (2004) Guidelines for Rotator Cuff Tear, Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial-thickness or smaller full thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. ODG Guidelines for surgery for rotator cuff repair, ODG Indications for Surgery- Rotator cuff repair: Criteria for rotator cuff repair with diagnosis of full thickness rotator cuff tear and Cervical pathology and frozen shoulder syndrome. In this worker's case, there is not evidence of a full thickness rotator cuff tear by virtue of the treating physician's own physical examination of the right shoulder indicating that the rotator cuff is functional; cervical pathology has not been ruled out despite the fact that the worker has symptoms of numbness and tingling in all the digits of the right hand; there is no documentation of weakness with abduction testing or atrophy; and there is no documentation of 3 - 6 months of conservative treatment including stretching and strengthening exercises. For these reasons, the requested treatment for a Right Shoulder Open Rotator Cuff Repair is not medically necessary.