

Case Number:	CM14-0087963		
Date Assigned:	07/23/2014	Date of Injury:	11/13/2013
Decision Date:	08/27/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/11/2014

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 Colorado and Texas. 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 47-year-old female who reported an injury on 11/13/2013. The injured worker sustained a right shoulder strain while attempting to assist a wheelchair bound passenger with a seatbelt. The current diagnosis is right shoulder partial thickness rotator cuff repair with subacromial impingement. The injured worker was evaluated on 04/22/2014. It is noted that the injured worker underwent minor surgery to remove a cyst from the top of the right shoulder on 02/25/2014. The injured worker reported persistent neck and shoulder pain. Physical examination on that date revealed spasm and tenderness over the paravertebral musculature and upper trapezium, intact sensation, and diminished grip strength on the left. Range of motion of the right shoulder was not provided on that date. Treatment recommendations included a right shoulder arthroscopy with rotator cuff repair and subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, rotator cuff repair, and subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder (updated 04/25/14).

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

Decision rationale: 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 and clear clinical and imaging evidence of a lesion. For partial thickness rotator cuff tears and small full thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months. Surgery for impingement syndrome is not indicated for patients with mild symptoms or those who have no activity limitation. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months. As per the documentation submitted, there was no physical examination of the right shoulder provided on the requesting date. There were no imaging studies provided for this review. There is also no mention of an exhaustion of conservative treatment to include cortisone injections. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary and appropriate.