

Case Number:	CM14-0091647		
Date Assigned:	07/25/2014	Date of Injury:	08/30/2011
Decision Date:	09/24/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/17/2014

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 52-year-old female with an industrial injury dated 08/30/11. Exam note 07/17/14 states the patient returns with shoulder pain. The patient is status post cervical surgery, upper thoracic spine surgery, and right shoulder surgery. MRI of the left shoulder 08/01/13 demonstrates an interstitial tearing, marked tendinopathy of the supraspinatus and infraspinatus, as well as a partial tear of the rotator cuff. Current medications include Lisinopril, Hydrochlorothiazide, Genofibrizol, Omeprazole, Meloxicam, Backlofen, and Norco. Physical exam demonstrated in the left shoulder the patient has a flexion of 130 degrees, abduction of 120 degrees, external rotation of 70 degrees, internal rotation of 45 degrees, and extension of 40 degrees. The patient had an impingement sign in which is equivocal. There was tenderness along the intertubercular sulcus, she has positive speed, and equivocal O'Brien. The patient had a negative Hawkins and Impingement signs, with a left shoulder girdle of 5/5. Diagnosis is left shoulder impingement, left shoulder rotator cuff tear, and bicipital tendonitis of the left shoulder. Treatment plan includes a left shoulder arthroscopy with rotator cuff debridement versus repair, and subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, acromioplasty.

Decision rationale: The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 7/17/14. In addition, night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 7/17/14 does not demonstrate evidence satisfying the above criteria. Therefore, the request is not medically necessary.

left shoulder arthroscopic rotator cuff repair and subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: According to the CA MTUS/ACOEM 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 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 7/17/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 7/17/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore, the request is not medically necessary.