

Case Number:	CM14-0093354		
Date Assigned:	07/25/2014	Date of Injury:	02/19/2014
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 43-year-old female with a reported industrial injury of February 19, 2014. She reports left shoulder pain. An MRI from May 13, 2014 of the left shoulder demonstrates thickening consistent with tendinosis of the rotator cuff. Fluid is noted about the long head of the biceps tendon suggesting tenosynovitis. Exam note from 5/19/2014 demonstrates complaints of left shoulder pain, weakness and decreased range of motion. Treatments to date have included activity modification and medication. It is noted that the patient has not had any therapy or cortisone injection. There is noted external rotation of 60 and internal rotation of 50. Rotator cuff strength is documented as 4/5. There is no evidence of acromioclavicular joint tenderness. There is no tenderness about the biceps tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, Possible Rotator Cuff Repair, Bicep Tenotomy vs. Tenodesis, Labral repair, and Sub Acromial 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for rotator cuff repair.

Decision rationale: According to the CA MTUS/ACOEM 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 impression 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 5/19/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 5/19/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. In addition there is no evidence of rotator cuff tear from 5/13/14 MRI. Therefore the requested procedures are not medically necessary.

Postoperative Physical Therapy 3 x 4: Upheld

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

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.