

Case Number:	CM14-0093388		
Date Assigned:	07/25/2014	Date of Injury:	10/18/2013
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
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:

According to the records made available for review, this is a 44-year-old male with a 10/18/13 date of injury. On 06/01/14 the decision for Possible Rotator Cuff Debride or Repair, Mumford Procedure, Assistant Surgeon, Right Shoulder Anterior Capsulorrhaphy, Possible SLAP Repair, there is documentation of subjective daily pain in the right shoulder with feeling of popping out, worsened with overhead reaching and objective tenderness to palpation over the right shoulder with weakness findings, imaging findings, MRI of the right shoulder. A report dated 12/22/13 revealed partial tear of the supraspinatus tendon at its articular aspect and osteoarthropathy of the acromioclavicular joint, current diagnoses history of dislocation of the right shoulder, right shoulder instability, and partial-thickness rotator cuff tear, and treatments to date include acupuncture, physical therapy, and cortisone injection to the right shoulder, activity modification, and medications. There is no documentation of additional subjective pain with active arc motion 90 to 130 degrees and pain at night and the objective is positive impingement sign findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible Rotator Cuff Debride or Repair, Mumford Procedure, Assistant Surgeon, Right Shoulder Anterior Capsulorrhaphy, Possible SLAP Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for impingement syndrome; Surgery for rotator cuff repair.

Decision rationale: The MTUS reference to ACOEM identifies documentation of weakness of arm elevation or rotation, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression/rotator cuff repair. The ODG identifies documentation of conservative care: recommend 3 to 6 months, subjective findings (pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases), objective findings (weak or absent abduction, atrophy of shoulder musculature, tenderness over rotator cuff or anterior acromial area, and positive impingement sign), and imaging clinical findings (conventional x-rays, AP, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff), as criteria necessary to support the medical necessity of subacromial decompression/rotator cuff repair. Within the medical information available for review, there is documentation of diagnoses of history of dislocation of the right shoulder, right shoulder instability, and partial-thickness rotator cuff tear. In addition, there is documentation of subjective findings (daily pain in the right shoulder with feeling of popping out, worsened with overhead reaching); objective findings (tenderness to palpation over the right shoulder with weakness); failure of conservative care (acupuncture, physical therapy, cortisone injection to the right shoulder, activity modification, and medications); and imaging findings (MRI showing positive evidence of deficit in rotator cuff). However, there is no documentation of additional subjective (pain with active arc motion 90 to 130 degrees and pain at night) and objective (positive impingement sign) findings. Therefore, based on guidelines and a review of the evidence, the request for Surgery to include possible Rotator Cuff Debridement or Repair, Mumford Procedure, Right Shoulder Anterior Capsulorrhaphy, or Possible SLAP Repair is not medically necessary.