

Case Number:	CM14-0096650		
Date Assigned:	07/28/2014	Date of Injury:	03/07/2003
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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:

This is a 71 year old female claimant with industrial injury reported on 3/7/03. Exam note from 5/16/14 demonstrates claimant has pain and discomfort in the left shoulder. Exam demonstrates forward flexion elevation of 90 degrees, extension of 30 degrees and internal rotation to L5. Rotator cuff strength is noted to be 4/5 in external rotation. Infraspinatus and supraspinatus is noted to have 4/5 strength. A report of positive impingement signs with diagnosis of recurrent left shoulder supraspinatus rotator cuff tendon tearing. No MRI report is available for review of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left shoulder revision; arthroscopic acromioplasty; rotator cuff repair with biceps tendonsis as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 2- Summary of Recommendations, Acupuncture Treatment Guidelines.

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.

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 5/16/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 5/16/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. In addition the MRI report of the shoulder is not available for review. Therefore the determination is for non-certification for the requested procedure.