

Case Number:	CM14-0157300		
Date Assigned:	09/30/2014	Date of Injury:	08/16/2013
Decision Date:	08/10/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 was a 55 year old female, who sustained an industrial injury, August 16, 2013. The injury was sustained when the injured worker was pushed down by an unruly child. The injured worker suffered injuries to the head, neck, spine, right knee and right shoulder. The injure worker passed out and lost her memory. The injured worker previously received the following treatments random toxicology laboratory studies which were negative for any unexpected findings, psychological services, MRI of the head, right shoulder MRI, cervical spine MRI, Lumbar spine MRI Cyclobenzaprine, Hydrocodone, Amlodipine, hydrochlorothiazide, levothyroxine, methocarbamol, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities was stopped due to the injured was unable to tolerate, due to pain. The injured worker was diagnosed with right occipital nerve headache, cervical neck pain, right shoulder rotator cuff tear, concussion with ongoing symptoms, low back pain without findings, but decreased range of motion and right knee pain with apparent normal structures, right shoulder strain, possible rotator cuff, chronic pain syndrome and right shoulder impingement syndrome. According to progress note of September 15, 2014, the injured worker's chief complaint was severe head pain, severe right shoulder pain, severe low back pain and significant right knee pain. The physical exam noted evidence of rotator cuff tear. The range of motion was decreased 105 degrees out of 180, flexion of the right arm was 130 degrees out of 180 degrees, unable to extend the right arm and external rotation was 45 degrees out of 90 degrees. There was evidence of a SLAP tear and evidence of rotator cuff tear on examination with weakness of the infraspinatus and supraspinatus muscles and evidence of laxity in the joint.

The Hawkin's maneuver was positive. The treatment plan included repair of the right rotator cuff a partial acromionectomy release of the coraco-acromial ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient repair of the right rotator cuff a partial acromionectomy release of the coraco-acromial ligament: Upheld

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

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

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 physical exam from 7/24/14 does not demonstrate night pain or relief from anesthetic injection. Therefore the determination is not medically necessary.