MAXIMUS Federal Services

Case Number:	CM14-0173942		
Date Assigned:	10/27/2014	Date of Injury:	06/18/2010
Decision Date:	01/23/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/22/2014

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, has a subspecialty in Fellowship Trained in Foot & Ankle Surgery and is licensed to practice in Massachusetts, Nebraska and Texas. 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 injured worker is a 70-year-old male who reported an injury on 06/18/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of rotator cuff tear, right shoulder, with impingement syndrome, and right frozen shoulder, with severe pain. Past medical treatment consisted of physical therapy and medication therapy. Medications consist of Ultram 50 mg. On 08/13/2014, the injured worker underwent an MRI of the right shoulder which revealed tendinosis and peritendinitis of the supraspinatus tendon with a partial thickness undersurface tear of the anterior supraspinatus tendon. The partial thickness tear appeared to involve about 60% to 70% of the tendon's thickness. On 09/24/2014, the injured worker complained of right shoulder pain. The injured worker stated that the pain had increased with overhead use. The physical examination of the shoulder revealed no gross deformity. There was no swelling. There was pain with range of motion. Neer's sign was positive, as well as Hawkin's. Apley's scratch test was positive as well. There was point tenderness upon palpation about the acromioclavicular joint. Range of motion in the right shoulder revealed flexion of 130 degrees, abduction of 120 degrees, internal rotation of 70 degrees, and external rotation of 70 degrees. The treatment is for the injured worker to undergo right shoulder subacromial decompression with rotator cuff repair. The provider feels that surgery is the option necessary for the injured worker at this point. The injured worker has exhausted physical therapy and medications. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Subacormial Decompression with Rotator Cuff Repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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

Decision rationale: The California MTUS/ACOEM Guidelines state that for surgical considerations, there is to be evidence of red flag conditions, activity limitation for more 4 months, plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. It was indicated in the submitted documentation that the injured worker had decreased range of motion. He had a positive Hawkin's test, Neer's test, and Apley's scratch test. It was also indicated on MRI of the right shoulder which was obtained 08/13/2014 that the injured worker had a partial thickness tear of the anterior supraspinatus tendon. The partial thickness tear appeared to involve about 60% to 70% of the tendon's thickness. The provider stated in the progress note that the injured worker had exhausted conservative treatment. Given the above, the injured worker is within MTUS/ACOEM recommended criteria. As such, the request is medically necessary.