

Case Number:	CM14-0193754		
Date Assigned:	12/01/2014	Date of Injury:	05/29/2012
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/19/2014

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 Surgeon and Surgery of the Hand and is licensed to practice in Hawaii, Washington and Maryland. 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 52-year-old female who reported an injury on 05/29/2012 due to an unspecified mechanism of injury. The diagnosis included a right carpal tunnel syndrome and right shoulder status post surgery/left shoulder tear. The prior surgery included a right rotator cuff repair to the right shoulder performed in 04/2013. Medications included Xanax, atenolol and Norco. An unofficial MRI stated within the 10/16/2014 clinical notes indicated that an MRI revealed a supraspinatus tendinitis, prior surgical changes and was unable to rule out partial thickness tearing due to the prior surgical changes. The objective findings dated 10/16/2014 of the right shoulder revealed negative for swelling and deformities with tenderness to the acromial joint. Positive for impingement signs with rotator cuff strength normal, but painful. Distal NV exam intact and pain noted with range of motion to the right shoulder. Prior treatments included repeat injections, medication, rest, and physical therapy. The plan of treatment is for a right shoulder arthroscopy, possible rotator cuff tear. The Request for Authorization dated 12/01/2014 was submitted with documentation. Rationale was a possible re-tear to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, possible rotator cuff tear: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: The request for Right shoulder arthroscopy, possible rotator cuff tear is not medically necessary. The California MTUS/ACOEM indicate that referral for surgical consultation may be indicated for patients who have red flag conditions which include acute rotator cuff tear for an injured worker, glenohumeral joint dislocation, activity limitations for more than 4 months, plus existing existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder, even after exercise programs, plus existence of a surgical lesion. Clear clinical and imaging evidence of the lesion that has been shown to benefit in both the short and long term for surgical repair. Surgical consideration depends on the work or imaging confirmed, diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks, benefits, expectations in particular is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may resolve the problems. Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial-thickness or smaller full thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. The preferred procedure is usually arthroscopic decompression, which involves debridement of inflamed tissue, burring of the anterior acromion, lysis and, sometimes, removal of the coracoacromial ligament, and possibly removal of the outer clavicle. Surgery is not indicated for patients with mild symptoms or those whose activities are not limited. Review of the documentation lacked the diagnostics that included an MRI to confirm the diagnosis. Additionally, the objective findings did not support the need for surgical intervention. The documentation did not provide the clinical notes from physical therapy or measurable deficits. Therefore, the request is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.

Post-operative physical therapy #12 for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

