

Case Number:	CM14-0197800		
Date Assigned:	12/08/2014	Date of Injury:	08/04/2008
Decision Date:	01/22/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/25/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Ohio. 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 59-year-old female who reported injuries due to heavy lifting on 08/04/2008. On 03/28/2012, an MRI of the right shoulder revealed a sub-chondral cyst formation of the lateral aspect of the humeral head near the greater tuberosity measuring 4 mm in diameter. There was fluid collection in the sub-corticoid recess compatible with sub-corticoid bursitis. There was no evidence of impingement or tears. The glenoid labrum was intact. The biceps tendon was intact and in appropriate position in the bicipital tendon groove. On 04/15/2014, her diagnoses included bilateral shoulder impingement, cervical radiculopathy, and status post distal radius fracture. Complaints included right wrist, shoulder and neck pain. She rated her pain 7/10 without medications and 4/10 with medications. The treatment plan included a request for a right shoulder open decompression and rotator cuff repair. On 09/16/2014, an examination of her shoulders revealed a positive impingement sign bilaterally, as well as painful range of motion. On the right side, forward flexion and abduction were 80 degrees. On the left, forward flexion and abduction were 100 degrees. There was tenderness to palpation over the AC joint. The treatment plan was to follow-up on her right shoulder open decompression and rotator cuff repair. There was no rationale included in this injured worker's chart. A Request for Authorization dated 10/16/214 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair Rotator Cuff Acute: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, Chronic Pain Treatment Guidelines Page(s): 68, 78, 24.

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

Decision rationale: The request for repair rotator cuff acute is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation may be indicated for patients who have red flag conditions, including acute rotator cuff tear in a young worker, or glenohumeral joint dislocation. The requirements include activity limitation for more than 4 months plus existence of a surgical lesion. There must be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The MRI submitted for review revealed no evidence of impingement or tears. The guidelines do not support this request. Additionally, laterality was not specified in the request. Therefore, this request for repair rotator cuff acute is not medically necessary.