

Case Number:	CM14-0198694		
Date Assigned:	12/09/2014	Date of Injury:	03/06/2014
Decision Date:	01/31/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal Medicine 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:

The injured worker (IW) is a 53-year-old man with a date of injury of March 6, 2014. The mechanism of injury was not documented in the medical record. A right shoulder MRI dated August 15, 2015 revealed rotator cuff tear with tendonitis and evidence of impingement. Previous treatments have included physical therapy, medications, heat/cold, Ketorolac injections, and work modifications. Pursuant to the Primary Treating Physician's Progress Report dated September 24, 2014, the IW reports that he is doing the same to slightly better. His pain is 3/10 with medications and 5/10 without medications. He reports that he is not going to PT because "it is driving me crazy". Objectively, the IW has normal reflex, sensory and power testing to bilateral upper extremities. Right shoulder impingement was noted. He had tenderness to palpation about the right shoulder. The IW is taking Norco for pain. The current diagnoses are right shoulder impingement, rotator cuff tear; cervical spondylosis, most advanced at C5-C6; and lumbar strain with L3-L4 and L4-L5 bulge. The treatment plan includes refill medications and shoulder evaluation for surgery. The current request is for one surgery consult for shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Surgery consultation for surgery: Upheld

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

Guidelines, Shoulder (Acute & Chronic), Surgery for impingement syndrome, Surgery for rotator cuff repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211.

Decision rationale: Pursuant to the ACOEM guidelines, surgical consultation for surgery is not medically necessary. 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, burying of the anterior chromium, lysis and sometimes removal of the coracoacromial ligament and possibly removal of the outer clavicle. Surgery is not indicated for patients with mild symptoms were those whose activities are not limited. In this case, the documentation from a September 24, 2014 progress note shows the upper and lower extremities have normal reflex, sensory and power testing. There is right shoulder tenderness. In the body of the physical examination section the treating physician states "right shoulder impingement." The working diagnoses are right shoulder impingement, rotator cuff tear; cervical spondylosis, most advanced at C5/C6; and lumbar strain with L3/L4 and L4/L5 bulge. There is no indication of limited range of motion of the affected shoulder. Utilization review indicates recent clinical findings did not indicate an inability to elevate the arm, shoulder weakness with the abduction testing, pain at night, pain with active art motion between 90 - 130 or atrophy. The injured worker did not meet the guidelines for surgery at this time. Consequently, absent the appropriate clinical indication/documentation for orthopedic surgery, surgical consultation for shoulder surgery is not medically necessary.