

Case Number:	CM14-0200357		
Date Assigned:	12/10/2014	Date of Injury:	05/09/2009
Decision Date:	02/02/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 Florida. 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 51-year-old female who reported an injury of unknown mechanism on 05/09/2009. On 10/06/2014, her diagnoses included impingement syndrome of the shoulder on the right side status post decompression, distal clavicle excision, biceps tendon release and rotator cuff repair in 11/2013, with persistent symptomatology. It was noted that she could not raise her arm past 90 degrees, and had pain. It was noted that she had had a recent fall down a flight of stairs. There was tenderness noted along the rotator cuff. Abduction was 90 degrees, although passive with quite a bit of pain, and could be brought to 110 degrees. She had a negative drop arm test. There was also pain noted along the proximal aspect of the biceps tendon with weakness. She was only able to lift 5 pounds. She was also having difficulties with sleep, stress, and depression. She received a subacromial injection with Depo Medrol, Xylocaine, and Marcaine. Her medications included Norco 10/325 mg, Trazodone 50 mg, with recommendations for Tramadol ER 150 mg and Lunesta 3 mg. She had unidentified side effects from Neurontin and stopped taking it. An MR Arthrogram of the right shoulder was requested. A right shoulder surgery was requested on 11/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Operative Arthroscopy of Right Shoulder and Rotator Cuff Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

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

Decision rationale: The request for operative arthroscopy of right shoulder and rotator cuff repair is not medically necessary. The CA MTUS/ACOEM Guidelines note that referral for surgical consideration of the shoulder may be indicated for patients who have red flag conditions, for example, acute rotator cuff tear in a young worker, or a glenohumeral joint dislocation, activity limitation for more than 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, plus existence of a surgical lesion, clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Although it was mentioned that this injured worker had completed 12 sessions of physical therapy and was approved for 12 additional sessions, there was no documentation submitted regarding objective changes in pain level or functional abilities with the physical therapy. Additionally, there was no imaging evidence of a lesion in this shoulder. Given the lack of documentation as outlined above, there is insufficient information at this time to establish medical necessity. Therefore, this request for operative arthroscopy of right shoulder and rotator cuff repair is not medically necessary.