

Case Number:	CM14-0200569		
Date Assigned:	12/10/2014	Date of Injury:	03/03/1998
Decision Date:	01/28/2015	UR Denial Date:	11/17/2014
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, has a subspecialty in Hand Surgery and is licensed to practice in Hawaii. 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 injuries due to repetitive trauma and heavy lifting on 03/03/1998. On 10/01/2014, her diagnoses included cervical spine radiculopathy; status post cervical fusion at C5-6 and C6-7; right shoulder tendinitis; status post 4 surgeries to the right shoulder, 2 manipulations under anesthesia; bilateral elbow tendinitis; status post bilateral cubital tunnel release surgery; right wrist tendinitis; status post right carpal tunnel release surgery; and status post right De Quervain's release surgery. Her complaints included continuous aching over the right shoulder with a clicking and grinding sensation, described as sharp and throbbing, radiating to her arm, with episodes of numbness and tingling. Her shoulder ranges of motion were not available for review. Tenderness was noted at the right acromioclavicular joint and she had positive right Hawkins sign, impingement sign and Yergason's test. Her medications were not specified. The recommendation for shoulder surgery did not include any rationale. A Request for Authorization dated 11/10/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rotator cuff repair, subacromial decompression-right shoulder: Upheld

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

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

Decision rationale: The request for rotator cuff repair, subacromial decompression - right shoulder is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation of the shoulder may be indicated for patients who have red flag conditions (for example acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), activity limitations 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 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. There were no red flag conditions identified in this injured worker. Although it was noted that prior treatments included pain medication, anti-inflammatory agents, MRI studies, and physical therapy, there was no documentation submitted regarding benefits derived from these interventions related to increased functional abilities or decreased pain. Additionally, there were no imaging studies submitted for review. The clinical information submitted failed to meet the evidence based guidelines for the requested service. Therefore, this request for rotator cuff repair, subacromial decompression - right shoulder is not medically necessary.