

Case Number:	CM14-0202994		
Date Assigned:	12/15/2014	Date of Injury:	03/13/2007
Decision Date:	02/18/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female worker with a date of injury of March 13, 2007. The mechanism of injury is unknown. Diagnoses include joint pain shoulder, osteoarthritis shoulder, bicipital tenosynovitis, rotator cuff tear and superior glenoid labral tear. On June 26, 2014, a nerve conduction study revealed electrophysiological evidence of a moderate degree of left median sensory-motor neuropathy at the wrist line and moderate degree of right median sensory neuropathy at the wrist line. An MRI of the left shoulder on October 1, 2014 revealed mild to moderate supraspinatus tendinosis, mild distal infraspinatus tendinosis, mild to moderate subscapularis tendinosis, mild scarring in the rotator interval, mild tendinosis of the intra-articular portion of the long head of the biceps tendon and SLAP tear of the superior labrum. On October 6, 2014, the injured worker complained of dull left shoulder pain. Physical examination revealed tenderness about the biceps tendon and slight tenderness about the pectoralis minor muscle. Treatment modalities listed included physical therapy, exercises and a steroid injection. A request was made for left shoulder arthroscopy acromioplasty biceps, possible rotator cuff repair and possible labral repair. On November 10, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible rotator cuff repair/Possible Labral 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): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Rotator cuff tear

Decision rationale: According to the California MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 10/6/14 do not demonstrate 4 months of failure of activity modification. Therefore the determination is not medically necessary.

Left shoulder Arthroscopy Acromioplasty, Biceps Tendodesis: 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): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Acromioplasty Surgery, Biceps Tenodesis

Decision rationale: According to the California MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 10/6/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. As the above criteria have not been satisfied, therefore the determination is not medically necessary.