

Case Number:	CM14-0210275		
Date Assigned:	12/23/2014	Date of Injury:	08/27/2012
Decision Date:	02/17/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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 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:

According to the records made available for review, this is a 66-year-old female with an 8/27/12 date of injury, and left shoulder rotator cuff repair on 9/17/13. At the time (11/10/14) of request for authorization for Left shoulder arthroscopy rotator cuff repair, there is documentation of subjective (left shoulder pain) and objective (limited range of motion, 5/5 muscle strength, and tenderness over the acromium/clavicle and trapezius) findings, imaging findings (MRI of the left shoulder (10/17/14) report revealed mild blunting of the free edge of labrum, moderate to severe glenohumeral articular cartilage degeneration, moderate-sized subacromial bursa, diffuse thinning of distal infraspinatus and supraspinatus tendon insertions, moderate tendinopathy of the subscapularis tendon, and effusion with synovitis), current diagnoses (rotator cuff tear), and treatment to date (medications, physical therapy and injections). There is no documentation of additional subjective clinical findings (pain with active arc motion 90 to 130 degrees and pain at night); and additional objective clinical findings (weak or absent abduction and positive impingement sign).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy rotator cuff repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Rotator Cuff repair Surgery for rotator Cuff repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Subacromial Decompression and Manipulation Under Anesthesia

Decision rationale: MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional x-rays, AP, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of a diagnosis of rotator cuff tear. In addition, there is failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections. Furthermore, there is documentation of objective clinical findings (tenderness over anterior acromial area). Lastly, given documentation of imaging findings (MRI of the left shoulder identifying mild blunting of the free edge of labrum, moderate to severe glenohumeral articular cartilage degeneration, moderate-sized subacromial bursa, diffuse thinning of distal infraspinatus and supraspinatus tendon insertions, moderate tendinopathy of the subscapularis tendon, and effusion with synovitis), there is documentation of imaging clinical findings (arthrogram showing positive evidence of deficit in rotator cuff). However, despite documentation of subjective (left shoulder pain) findings, there is no documentation of additional subjective clinical findings (pain with active arc motion 90 to 130 degrees and pain at night). In addition, given documentation of objective (5/5 muscle testing) findings, there is no documentation of additional objective clinical findings (weak or absent abduction and positive impingement sign). Therefore, based on guidelines and a review of the evidence, the request for Left shoulder arthroscopy rotator cuff repair is not medically necessary.