

Case Number:	CM15-0005359		
Date Assigned:	01/16/2015	Date of Injury:	04/26/2013
Decision Date:	03/23/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/09/2015

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, Sports Medicine

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 48-year-old female who reported an injury on 04/26/2013. The mechanism of injury was not provided. She is diagnosed with left shoulder impingement syndrome. Her past treatments were noted to include physical therapy, acupuncture, medications, injection, and shockwave treatment. An MRI of the left shoulder on 08/11/2014 revealed residuals of prior shoulder surgery with evidence of lateral acromionectomy, a full thickness retracted supraspinatus tendon tear, and infraspinatus tendinosis. At her followup visit on 10/16/2014, the injured worker complained of pain rated 8/10 to 9/10 in the left shoulder. The physical examination of the left shoulder revealed grade 3 tenderness to palpation and positive impingement and supraspinatus test. The injured worker denied improvement in her left shoulder symptoms with recent treatment. A recommendation was made for left shoulder rotator cuff repair surgery, as she had failed conservative treatment and had persistent symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder rotator cuff repair surgery: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for rotator cuff repair.

Decision rationale: According to the California MTUS/ACOEM Guidelines, rotator cuff repair is indicated for significant tears that impact activities by causing weakness of arm elevation or rotation. The guidelines also specify that conservative therapy should be tried for 3 months for partial thickness tears or small full thickness tears presenting as impingement. More specifically, the Official Disability Guidelines state the criteria for rotator cuff repair or full thickness rotator cuff tear includes subjective findings of shoulder pain and inability to elevate the arm, as well as tenderness over the greater tuberosity; objective findings should include weakness with abduction and possible atrophy of the shoulder musculature; and imaging findings should confirm a deficit in the rotator cuff. The clinical information submitted for review indicated the MRI revealed a full thickness retracted rotator cuff tear of the supraspinatus tendon. It was noted the injured worker had failed initially recommended conservative treatment. Additionally, she was noted to have significant symptoms and significant findings on physical examination. Therefore, the criteria for a rotator cuff repair have been met. This request was previously non-certified, as imaging reports had not been submitted for review and there was no recent comprehensive clinical evaluation after the assessment on 10/16/2014. The MRI report was submitted for this review and showed significant pathology and a more updated evaluation report was provided, dated 11/20/2014. This report indicated that the injured worker continued with persistent pain in the left shoulder, as well as significant findings on physical examination to include significant tenderness to palpation, restricted range of motion, and positive impingement signs. Therefore, the request for a left shoulder rotator cuff repair surgery is medically necessary at this time.