

Case Number:	CM15-0102912		
Date Assigned:	06/05/2015	Date of Injury:	09/29/2000
Decision Date:	07/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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, Indiana, Oregon

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:

The injured worker is a 54-year-old male, with a reported date of injury of 09/29/2000. The diagnoses include bilateral shoulder rotator cuff tendonitis/bursitis. Treatments to date have included an MRI of the left shoulder on 03/19/2015 which showed evidence of rotator cuff tendinosis, acromioclavicular joint degenerative change with improvement in bone marrow swelling, glenohumeral effusion with mild synovitis, chondral thinning without focal defect, evidence of significant long head biceps tendinosis, and no evidence of tearing of the proximal long head biceps; and oral medications. The medical record dated 04/20/2015 indicates that the injured worker experienced increasing pain in both shoulders. The physical examination showed exquisite tenderness with palpation over the anterior aspect of the left shoulder including the proximal biceps region; limited and guarded range of motion of the left shoulder; tenderness over the anterior left shoulder; forward flexion of the left shoulder to 90 degrees; abduction of the left shoulder to 90 degrees; limited internal and external rotation; positive left shoulder impingement sign, and positive left shoulder adduction sign. The assessment showed left rotator cuff injury, status post left shoulder arthroscopy with flare-up of symptoms. It was noted that the injured worker had ongoing increasing pain in both shoulders; however, his left shoulder appeared to bother him more so than the right. His symptoms were quite severe and were troublesome for him on a daily basis. The treating physician requested left shoulder arthroscopy, SAD (subacromial decompression), rotator cuff repair, SLAP (superior labrum anterior and posterior) repair, open biceps tenodesis, and excision distal clavicle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, SAD (Sub-Acromial Decompression), Rotator Cuff repair, SLAP (Superior Labrum Anterior to Posterior) repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Indications for Surgery - Rotator cuff repair, Acromioplasty, Impingement, Bicep tenodesis, Partial claviclectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA 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 MRI from 3/19/15 does not demonstrate a rotator cuff tear so the request to repair is not medically necessary.