

Case Number:	CM15-0019251		
Date Assigned:	02/09/2015	Date of Injury:	06/14/2011
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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 57-year-old male who reported an injury on 06/14/2011. The mechanism of injury was not provided. His diagnoses include injury of the shoulder and upper arm. Past treatment was noted to include anti-inflammatories and trigger point injection. There is no official imaging study of the left shoulder. On 01/20/2015, it was noted the injured worker had shoulder pain. Upon physical examination, it was noted the injured worker had stiffness to the left shoulder. His flexion and abduction measured 90 degrees. Medications were not included. The treatment plan was noted to include medications, surgery, psychiatric consultation and pain management consultation. The request was received for Left Shoulder Arthroscopy Decompression Manipulation and Repair of Rotator Cuff and Assistant Surgeon [REDACTED] without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy Decompression Manipulation and Repair of Rotator Cuff and Assistant Surgeon [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment in Workers' Comp.

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, Surgery for impingement syndrome, Manipulation under anesthesia (MUA), Surgery for rotator cuff repair; Low Back, surgical assistant.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgical consideration is indicated for those who have red flag conditions, activity limitations for more than 4 months, failure to increase function despite therapy, and clear clinical imaging evidence. More specifically, the Official Disability Guidelines indicate the criteria for acromioplasty is documentation noting conservative care for 3 to 6 months; pain with active arc 90 to 130 degrees and pain at night; weak or absent abduction, and tenderness over the anterior acromial area and a positive impingement sign; and imaging studies noting evidence of impingement. The guidelines indicate that manipulation under anesthesia is under study for adhesive capsulitis after 3 to 6 months of conservative therapy. The guidelines also indicate that surgery for rotator cuff repair is indicated for those with previous conservative therapy for 3 to 6 months if it is partial thickness tear, pain with active arc 90 to 130 degrees and pain at night; weak or absent abduction, tenderness over the rotator cuff, and a positive impingement sign; and imaging evidence of deficit in rotator cuff. Lastly, the Official Disability Guidelines indicate that surgical assistance is recommended for complex surgeries. The clinical documentation submitted for review did not indicate 3 to 6 months of conservative care or imaging studies of the left shoulder. Additionally, it was not indicated that the injured worker had pain at night, tenderness over the rotator cuff or anterior acromial area, or positive impingement sign. It was also not noted that the injured worker had adhesive capsulitis or rotator cuff tear. Consequently, the request is not supported. Additionally, as the surgical procedure was not warranted, surgical assistance is not needed. As such, the request for Left Shoulder Arthroscopy Decompression Manipulation and Repair of Rotator Cuff and Assistant Surgeon [REDACTED] is not medically necessary.