

Case Number:	CM15-0139386		
Date Assigned:	07/29/2015	Date of Injury:	07/02/2012
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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: Montana, Oregon, Idaho
 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 47-year-old male with an industrial injury dated 07/02/2012. The injured worker's diagnoses include lumbar facet syndrome, lumbar discogenic disease, chronic low back pain, cervical discogenic disease, cervical facet arthrosis, chronic cervical spine sprain/strain , left sided sciatica, left shoulder tendinosis versus partial thickness tear, and bilateral knee internal derangement. Treatment consisted of diagnostic studies, prescribed medications, aquatic therapy, 22 acupuncture sessions and periodic follow up visits. In a progress note dated 05/04/2015, the injured worker reported cervical spine pain, thoracic spine pain, lumbar spine pain, left shoulder pain, left elbow pain, bilateral knee pain, loss of sleep due to pain, depression, anxiety and irritability. Left shoulder exam revealed decreased and painful range of motion and tenderness to palpitation of anterior shoulder, lateral shoulder and supraspinatus. A positive supraspinatus press was also noted on left shoulder exam. In a progress note dated 05/12/2015, the injured worker reported ongoing left shoulder pain rated a 7/10. Physical exam revealed pain with left shoulder range of motion. The treating physician prescribed services for left shoulder decompression and rotator cuff repair, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder decompression and rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Worker's Compensation, Online Edition, 2015 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.

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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. 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. In this case the exam notes from 5/4/15 and 5/12/15 do not document a positive response from the injection, nor is there documentation of at least 3 months of physical therapy and activity modifications. There is no radiology report of a left shoulder MRI demonstrating a lesion which would benefit from surgery. Therefore, the determination is the request for left shoulder decompression and rotator cuff repair is not medically necessary.