

Case Number:	CM15-0141013		
Date Assigned:	07/30/2015	Date of Injury:	08/01/2013
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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 (n) 61 year old female, who sustained an industrial injury on 8-1-13. She reported pain in her right shoulder related to repetitive motions. The injured worker was diagnosed as having right shoulder tendinitis. Treatment to date has included a right shoulder x-ray, a right shoulder MRI on 10-12-13 showing a small partial undersurface tear of the supraspinatus and right shoulder rotator cuff repair on 11-18-14. As of the PR2 dated 12-29-14, the injured worker reports some symptoms radiating from the biceps into the forearm region. Objective findings include shoulder elevation is 155 degrees, external rotation is 25 degrees and internal rotation is to the lumbar spine. The treating physician requested a right shoulder rotator cuff repair and post-op physical therapy 2 xs weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Shoulder, Acute and Chronic.

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. 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 submitted notes from 7/13/15 do not document a painful arc of motion, weakness with abduction or a positive response to a subacromial injection. A previous right shoulder arthroscopy was performed on 11/18/14 and the workers symptoms are ongoing since that procedure. There is no new MRI report of the right shoulder to indicate that there is a new surgical lesion which would benefit from an additional surgical procedure. Therefore the request for right shoulder rotator cuff repair is not medically necessary.

Associated Surgical Service: Post operative physical therapy, twice a week for six weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.