

Case Number:	CM15-0145308		
Date Assigned:	08/06/2015	Date of Injury:	08/18/2009
Decision Date:	09/04/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: Illinois, California, Texas
 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:

This injured worker is a 72-year-old male who sustained an industrial injury on 8/18/09. Injury occurred while he was loading and palletizing boxes. Records documented a 9/1/11 right shoulder MRI with findings of prior acromioplasty and probable rotator cuff repair. There was a 30-40% tear seen at the supraspinatus tendon attachment to the humeral head with no full thickness tear, retraction or atrophy. Findings were consistent with subcoracoid bursitis and biceps tenosynovitis. The 6/30/15 treating physician report cited continued right shoulder pain that increased with lifting activities. Physical exam documented right shoulder range of motion with flexion and abduction limited to 90 degrees. The diagnosis-included rotator cuff tear in the right shoulder with osteoarthritis. The treatment plan documented a steroid injection as provided into the right shoulder and physical therapy was prescribed 3x4. Authorization was requested for right shoulder arthroscopy with rotator cuff repair. The 7/1/15 utilization review non-certified the request for right shoulder arthroscopy with rotator cuff repair as there was no current comprehensive physical exam, no updated imaging study, and no current non-operative interventions documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with 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), Shoulder Chapter, Surgery for rotator cuff repair.

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 rotator cuff repair.

Decision rationale: The California MTUS guidelines provide a general recommendation for rotator cuff surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines provide more specific indications for partial thickness rotator cuff repairs that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement or rotator cuff deficiency. Guideline criteria have not been met. This injured worker presented with right shoulder pain that increased with lifting. Clinical exam documented significant loss of range of motion. There was no documentation of pain at night, weakness, or impingement testing. Prior imaging in 2011 demonstrated a partial thickness tear. A right shoulder injection was provided on 6/30/15 but no response was documented. Physical therapy was also ordered on 6/30/15. Detailed evidence of 3 to 6 months a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.