

Case Number:	CM15-0165749		
Date Assigned:	09/03/2015	Date of Injury:	02/12/2013
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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 65 year old male who sustained an industrial injury on 02-12-2013. Mechanism of injury occurred when he fell out of a truck while unloading a pipe and landed directly onto his left shoulder. Diagnoses include left carpal tunnel, partial tear of the left rotator cuff and SLAP shoulder tear left sequela. Treatment to date has included diagnostic studies, medications, injections, and physical therapy. Current medication is Tylenol #3 for pain. On 02-18-2015 an Electromyography and Nerve Conduction Velocity showed evidence for mild left carpal tunnel syndrome and mild chronic left cervical radiculopathy. There is evidence for left ulnar or radial focal neuropathy. A Magnetic Resonance Imaging of the left shoulder revealed supra and infraspinatus and subscapularis tendinosis with intrasubstance tearing involving the posterior aspect of the distal supraspinatus tendon at its foot print and the high fibers of the subscapularis tendon. A complex tear involving the posterior labrum with two small peri labral cysts and slight posterior subluxation of the humeral head on the bony glenoid, associated with limited deteriorative irregularity of the humeral head and bony glenoid hyaline cartilaginous surfaces. A physician progress note dated 07-15-2015 documents the injured worker complains of chronic left shoulder pain that is diffuse and left hand numbness of the middle and ring fingers. There is positive Tinel's and Phalen's to the middle finger in the left wrist. His left shoulder has a positive O'Brien's test, and active abduction-flexion is 90-90, passive to 160-160 with pain. He received a subacromial shoulder injection with this visit. Treatment requested is for left shoulder rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 5/13/15 and 7/15/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 7/15/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. The MRI of the left shoulder on 5/8/14 does not demonstrate a full thickness rotator cuff tear which would benefit from surgical repair. Therefore the determination is for non-certification for the requested procedure. The request is not medically necessary.