

Case Number:	CM15-0182948		
Date Assigned:	10/01/2015	Date of Injury:	07/18/1994
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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: California, Oregon, Washington
 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 53 year old female, who sustained an industrial injury on 07-18-1994. The injured worker is currently not working, permanent, and stationary. Medical records indicated that the injured worker is undergoing treatment for left rotator cuff tear, degeneration of cervical intervertebral disc, chronic pain syndrome, knee pain, degeneration of lumbar intervertebral disc, and shoulder joint pain. Treatment and diagnostics to date has included medications. Recent medications have included Fentanyl patch, Lidocaine patch, Norco, Trazodone, and Zanaflex. After review of progress notes dated 06-22-2015 and 08-20-2015, the injured worker reported pain in her left shoulder, right shoulder, and left knee. Objective findings included lateral tenderness to left shoulder, weakness to resisted abduction and external rotation, and loss of full active motion. The treating physician noted that the MRI scan "demonstrates a massive rotator cuff tear (1.9cm of retraction) with evidence of biceps tendinopathy, labral tearing and some early degenerative change of her gleno-humeral joint". The request for authorization dated 08-24-2015 requested left shoulder repair of rotator cuff tear and open re-repair of left shoulder. The Utilization Review with a decision date of 09-08-2015 denied the request for left shoulder rotator cuff tear repair with repair of ruptured musculotendinous cuff of left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder rotator cuff tear repair and repair of ruptured musculotendinous cuff, left shoulder, per 08/20/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Surgery for rotator cuff repair.

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 6/22/15 and 8/20/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 6/22/15 and 8/20/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore, the determination for the requested procedure is not medically necessary.