

Case Number:	CM15-0183825		
Date Assigned:	09/24/2015	Date of Injury:	11/18/2014
Decision Date:	11/25/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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, Indiana, Oregon
 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 54 year old female, who sustained an industrial injury on 11-18-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, left shoulder rotator cuff tear with recurrent tear, and cervical spine strain or sprain. Medical records (03-03-2015 to 08-05-2015) indicate ongoing left shoulder pain radiating to the left elbow, and neck pain. Pain levels were not mentioned. Recent medical records did not address activity levels of functional levels. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-05-2015, revealed 3 out of 5 shoulder strength in forward flexion, 4 out of 5 in external and internal rotation and no glenohumeral instability. Range of motion in the left shoulder included: forward flexion 120°, abduction 110°, external and internal rotation 50°. There was full ROM in the cervical spine with mild tenderness, and decreased hand grip strength on the left. There was a decrease in the left shoulder abduction by 10 degrees from the previous exam dated 07-01-2015. Relevant treatments have included a previous left shoulder rotator cuff repair (2014), 29 sessions of physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that that a MRI of the left shoulder was completed (date unknown) and showed a re-tear of the left rotator cuff, and that a MRI of the cervical spine (07-25-2015) showed minimal disc bulges and mild degenerative disc disease, but no stenosis. The cervical MRI was available for review; however, the MRI of the left shoulder was not found in the medical records. X-rays reports of the left shoulder (03-2015) were also available, but did not report a rotator cuff tear. The progress report (08-05-2015) shows that the following surgery and associated services were requested: left shoulder

arthroscopy with mini open rotator cuff repair, post-operative PT 3 times per week for 4 weeks for the left shoulder, a shoulder immobilizer for purchase, and a cold therapy unit. The original utilization review (08-27-2015) non-certified the request for left shoulder arthroscopy with mini open rotator cuff repair, post-operative PT 3 times per week for 4 weeks for the left shoulder, a shoulder immobilizer for purchase, and a cold therapy unit based on the absence of an imaging report identifying the re-tear of the rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with mini open rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Criteria for rotator cuff repair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, pages 209 and 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 imaging does not demonstrate full thickness rotator cuff tear as no official interpretation is provided for review. The request is not medically necessary.

Post-op physical therapy 3x a week for 4 weeks for the left shoulder: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Shoulder immobilizer for purchase: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Cold therapy unit: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.