

Case Number:	CM15-0188495		
Date Assigned:	09/30/2015	Date of Injury:	02/16/2015
Decision Date:	11/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 28-year-old male who sustained an industrial injury on 2-16-2015. An MRI dated 6-25-2015 was interpreted by the physician as AC joint arthritis, marked downslope to the acromion, and impingement of the rotator cuff without a full thickness tear. Documented treatment includes Ibuprofen and physical therapy, but the progress note of 9-1-2015 stated that he still has a "large" amount of pain, and on 7-21-2015 the physician reported a positive impingement test. The treating physician's plan of care includes right shoulder arthroscopic rotator cuff repair, acromioplasty, resection of acromial ligament and bursa with possible distal clavicle resection of the right shoulder under general anesthesia; pre-operative clearance; and, 12 sessions of post-operative physical therapy. All were denied on 9-23-2015. The injured worker has been on work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic rotator cuff repair, acromioplasty, resection of coracoacromial ligament and bursa with possible distal clavicle resection of right shoulder under general anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

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 9/1/15 not demonstrate 4 months of failure of activity modification. The physical exam from 9/1/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. The MRI from 6/25/15 does not show a rotator cuff tear. Therefore the determination is not medically necessary for the requested procedure.

Pre-op medical clearance: 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.

Post-op physical therapy 2 times a week for 6 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.