

Case Number:	CM15-0189351		
Date Assigned:	10/01/2015	Date of Injury:	07/02/2012
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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 48 year old male, who sustained an industrial injury on 07-02-2012. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for lumbar facet syndrome, lumbar discogenic disease, chronic low back pain, cervical discogenic disease, cervical facet arthrosis, chronic cervical spine sprain-strain, left sided sciatica, left shoulder tendinosis, and bilateral knee internal derangement. Treatment and diagnostics to date has included physical therapy, injections, and medications. Current medications include Ultracet, Anaprox DS, Flexeril, and Prilosec. No imaging studies received for left shoulder. After review of progress notes dated 05-12-2015 and 06-30-2015, the injured worker reported chronic low back pain (rated 6 out of 10), neck pain (rated 5 out of 10), left shoulder pain (rated 7 out of 10), and left arm pain. The treating physician noted that the injured worker has "failed conservative treatment for the left shoulder in the form of physical therapy and injections". Objective findings included forward flexion of the left shoulder at 130 degrees and abduction to 80 degrees, pain with range of motion, motor 4 out of 5 on the left, and tenderness to palpation at the acromioclavicular joint. The Utilization Review with a decision date of 08-25-2015 non-certified the request 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 Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - Surgery for rotator cuff repair.

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 6/30/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 6/30/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the determination is not medically necessary for the requested procedure.