MAXIMUS Federal Services

Case Number:	CM15-0190808		
Date Assigned:	10/02/2015	Date of Injury:	09/23/2011
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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 60 year old male, who sustained an industrial injury on 9-23-11. The documentation on 7-27-15 Re-evaluation and Supplemental Permanent and Stationary Report noted that the injured worker was scheduled for surgery on 8-4-15 for his right shoulder. The injured worker has right shoulder pain and stiffness, left shoulder pain, stiffness and weakness and nerve damage and he has been having increasing back pain. Exam of the shoulder right over left shows abduction 142-125 and soreness in both shoulders. Range of motion of the neck, flexion is 27 degrees, extension is 22 degrees and he is tender form C2 through C6 and the paracervical muscles. Range of motion of the back for flexion is 62 degrees, extension is 10 degrees and he has tenderness at L4 through S1 (sacroiliac). Magnetic resonance imaging (MRI) showed tear of the posterior superior glenoid labrum. The original utilization review (8-31-15) partially approved a request for arthroscopic versus open right rotator cuff repair right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic versus open right rotator cuff repair right shoulder: 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 7/27/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 7/27/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. The MRI of the shoulder does not show a rotator cuff tear. Therefore, the requested procedure is not medically necessary.