

Case Number:	CM15-0199717		
Date Assigned:	10/14/2015	Date of Injury:	09/23/2007
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/12/2015

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: Minnesota, Florida 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 58 year old female, who sustained an industrial injury on 09-23-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for rotator cuff syndrome of the right shoulder, cervical sprain, and cervicgia. Medical records (05-01-2015 to 09-21-2015) indicate ongoing right shoulder pain with heaviness, stiffness, decreased range of motion (ROM), mild popping and clicking, weakness, and numbness and tingling in the right hand. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with light duty. The physical exam of the right shoulder, dated 09-21-2015, revealed tenderness to palpation over the right shoulder, swelling, rigid muscle tone, positive impingement test, positive Neer's test, positive Jobe's test, and positive biceps tendon test. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications. A MRI of the right shoulder (02-05-2015) was available for review and showed focal full thickness longitudinal tear at the junction of the supraspinatus and infraspinatus tendons proximal to the insertion with no retraction, moderate acromioclavicular osteoarthritis, and scarring of the rotator interval. The PR (09-21-2015) shows that the following services were requested: rotator cuff repair for the right shoulder, and 12 sessions of post-operative PT for the right shoulder. The original utilization review (09-29-2015) non-certified the request for rotator cuff repair for the right shoulder, and 12 sessions of post-operative PT for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rotator cuff repair for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Shoulder (updated 09/08/2015), Surgery for rotator cuff repair.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: California MTUS guidelines indicate rotator cuff repair for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. For partial-thickness and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months. In this case the MRI scan revealed a longitudinal tear without retraction and no conservative treatment has been documented. Evidence of a recent reasonable and/or comprehensive exercise rehabilitation program with physical therapy and corticosteroid injections over a period of 3 months has not been submitted. As such, the guidelines do not recommend surgery for the rotator cuff tear or impingement and the medical necessity of the request has not been substantiated.

Post-op physical therapy 3 x 4 for the right 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.