

Case Number:	CM15-0202914		
Date Assigned:	10/19/2015	Date of Injury:	11/11/2014
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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: Montana, Oregon, Idaho

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 52-year-old female who sustained an industrial injury on 11-11-2014 and has been treated for right shoulder full thickness tear, cervical radiculopathy, right shoulder adhesive capsulitis, cervicgia, and she has also been treated for right wrist, low back, left hip and left knee pain. The provided medical records do not include an MRI for the right shoulder. On 10-3-2015 the injured worker reported right shoulder pain with movement. She had been previously diagnosed with "frozen shoulder" and an orthopedic surgeon recommended right shoulder surgery after physical therapy, recently completed. Objective examination noted tenderness in anterior and posterior aspects of the rotator cuff, with positive impingement sign and "equivocal" ACL stress test." Documented treatment includes physical therapy, home exercise, TENS unit, and medication. The treating physician's plan of care includes right rotator manipulation and arthroscopy repair of the rotator cuff which was denied on 10-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder manipulation and arthroscopy repair of rotator cuff: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Physical Examination, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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 do not demonstrate 4 months of failure of activity modification. The physical exam from 10/3/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Nor are the objective exam findings consistent with the diagnosis of adhesive capsulitis. In addition, there is no official MRI report demonstrating a full thickness rotator cuff tear which would be amenable to surgical repair. Therefore the request does not meet the criteria set forth in the guidelines and the request is not medically necessary.