

Case Number:	CM15-0214105		
Date Assigned:	11/03/2015	Date of Injury:	08/07/2015
Decision Date:	12/23/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/30/2015

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 60 year old male, who sustained an industrial-work injury on 8-7-15. A review of the medical records indicates that the injured worker is undergoing treatment for right rotator cuff tear and calcific tendinitis of the right shoulder. Treatment to date has included pain medication Norco, Motrin, Flexeril, Zofran, sling, right shoulder x-ray, and 1 cortisone injection. Medical records dated 10-1-15 indicate that the injured worker complains of right shoulder pain for the past 2 months. He reports a difficult time with sleeping at night, difficulty moving the arm and weakness and pain in the lateral aspect of the arm. The physician indicates that he has not had any physical therapy or injections to the shoulder. He has never injured the shoulder in the past and he has had an open labral repair of the left shoulder. The physical exam reveals that range of motion is not symmetric, on the left he gets 150 and the right is 130 with some assistance, just past his hip and about 10 degrees of external rotation. The strength on the right is limited by pain. There is pain to palpation over the anterolateral aspect of the shoulder and there is no pain at the acromioclavicular joint (AC). The physician indicated that he was given a steroid injection to the right shoulder without complication. The right shoulder x-ray dated 9-1-15 reveals calcific tendinitis and likely calcific bursitis. There are findings suggesting a small through-thickness non- displaced tear of the distal supraspinatus tendon representing a rotator cuff tear. The physician indicates that the Magnetic Resonance Imaging (MRI) of the right shoulder indicates tendinosis, inflammation and fluid accumulation at the supraspinatus tendon insertion. Per the treating physician report dated 10-1-15 the work status is with restrictions. The request for authorization date was 10-6-15 and requested service included Right shoulder

Arthroscopic Excision calcific tendinosis and repair, Assistant surgeon and Post-op physical therapy times 24. The original Utilization review dated 10-12-15 non-certified the request for Right shoulder Arthroscopic Excision calcific tendinosis and repair, Assistant surgeon and Post-op physical therapy times 24.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder Arthroscopic Excision calcific tendinosis and repair: Upheld

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

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

Decision rationale: The injured worker is a 60-year-old male with a date of injury of 8/7/2015. The MRI scan of the right shoulder dated 9/1/2015 documents the presence of calcific tendinitis of the distal supraspinatus tendon and calcific bursitis involving the adjacent subacromial subdeltoid bursa. Findings were suggestive of a small full-thickness non-displaced tear of the distal supraspinatus tendon representing a rotator cuff tear. He was treated with a subacromial corticosteroid injection on 10/1/2015. California MTUS guidelines indicate for partial-thickness and small full-thickness tears the treatment is 3-6 months of physical therapy with 2-3 corticosteroid injections as part of an exercise rehabilitation program prior to surgical considerations. Evidence of such recent comprehensive nonoperative treatment program with trial/failure has not been submitted. Only one corticosteroid injection has been documented. As such, the request for surgery is not supported and the medical necessity of the request has not been substantiated.

Assistant surgeon: 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 times 24: 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.