

Case Number:	CM15-0035657		
Date Assigned:	03/05/2015	Date of Injury:	08/26/2014
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 42-year-old male, who sustained a work related injury on 8/26/14. He was pulling a lever on a tractor that was jammed and injured his right shoulder. The diagnoses have included right shoulder sprain/strain, frozen right shoulder and partial rotator cuff tear right shoulder. Treatments to date have included MRI right shoulder 9/2014, physical therapy, medications, injections without benefit and home exercise program. MRI of the right shoulder September 2014 demonstrates full thickness tear of the anterior footplate of the distal supraspinatus tendon measuring 1.1 cm in AP dimension with nearly 1 cm of retraction. In the PR-2 dated 1/21/15, the injured worker complains of right shoulder pain. This is unchanged from last visit. He states the shoulder is "doing better." He states he is gaining more range of motion. He rates the pain a 2/10 but it can get as bad as 9/10, especially when he is forcing the shoulder for activity. He is taking pain medication when needed. He has diffuse tenderness in the right shoulder. He has a positive supraspinatus stress test for rotator cuff teninopathy. He has passive elevation of approximately 140 degrees. The request was made for certification of right shoulder surgery. On 2/6/15, Utilization Review non-certified a diagnostic right shoulder arthroscopy with possible rotator cuff repair, biceps tenotomy versus tendonesis, subacromial decompression, and distal clavicle excision. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic right shoulder arthroscopy with possible rotator cuff repair, biceps tenotomy vs. tenodesis, subacromial decompression, and distal clavicle excision: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

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 01/21/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 01/21/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore, the determination is for non-certification for the requested procedure.