

Case Number:	CM15-0035858		
Date Assigned:	03/04/2015	Date of Injury:	07/13/2010
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
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 38 year old female, who sustained an industrial injury on July 13, 2010. The diagnoses have included impingement syndrome of the shoulders with a partial thickness tear of the rotator cuff of the left shoulder. Treatment to date has included surgical intervention, medication and diagnostic studies. Currently, the injured worker complains of a lot of pain to the bilateral shoulders. She is week in the internal and external rotation. On February 3, 2015 Utilization Review non-certified a request for repair of the partial thickness tear of the rotator cuff and acromioplasty of the left shoulder, noting that the MRI which revealed the shoulder impingement syndrome was not available for review and noting that a failure of recent conservative care was not documented. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On February 25, 2015, the injured worker submitted an application for IMR for review of arthroscopy with a repair of the partial thickness tear of the rotator cuff and acromioplasty of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with a repair of the partial thickness tear of the rotator cuff and acromioplasty left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Diagnostic arthroscopy; Surgery for rotator cuff repair.

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 01/08/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 01/08/15 states the patient revealed weakness with internal and external rotation but 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.