

Case Number:	CM15-0041821		
Date Assigned:	03/12/2015	Date of Injury:	07/10/2013
Decision Date:	04/23/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/05/2015

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 47-year-old female, who sustained an industrial injury on 7/10/13. She reported left shoulder injury. The injured worker was diagnosed as having left shoulder injury. Diagnosis included left shoulder rotator cuff tear status post repair and incomplete healing left rotator cuff. Treatment to date has included arthroscopic examination of the left shoulder with debridement and subacromial decompression and open rotator cuff repair, physical therapy, home exercise program and activity restrictions. (MRI) magnetic resonance imaging of left shoulder was performed on 3/4/14 demonstrates a small interstitial tear at the junction of the supraspinatus and infraspinatus. Currently, the injured worker complains of continued left shoulder pain. Physical exam revealed tenderness over the subacromial space with weak abduction and positive impingement. The current treatment plan included surgery for open rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder open rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Acromioplasty surgery.

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 2/19/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 2/19/15 does not demonstrate a relief from anesthetic injection. The MRI from 3/4/14 does not demonstrate a significant rotator cuff tear. Therefore, the determination is not medically necessary for the requested procedure.