

Case Number:	CM15-0048035		
Date Assigned:	03/20/2015	Date of Injury:	08/31/2009
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/13/2015

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: Illinois, California, Texas
 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 51-year-old female who sustained an industrial injury on 8/31/09. The mechanism of injury was not documented. Past surgical history was positive for right shoulder rotator cuff repair on 6/4/10 and 2/14/11, arthroscopic subacromial decompression on 6/18/11, and Mumford procedure on 11/16/11. The 2/17/15 treating physician report indicated that the patient had not been seen since 3/1/12. She reported that she was losing right shoulder range of motion and had difficulty lifting heavy objects at shoulder level or above. She could not do a backstroke in swimming and avoided sleeping on her right side. Physical exam documented right shoulder range of motion flexion and abduction 160 degrees and external rotation 20 degrees. Grip strength was 40/40/40 pounds right and 45/45/45 pounds left. The treatment plan recommended a right shoulder MRI. The 2/24/15 treating physician report indicated the injured worker returned for evaluation of her right upper extremity. She felt that something was wrong in her shoulder, and an MRI had been requested. She was a candidate for arthroscopic evaluation, and the treating physician report wanted an MRI prior to embarking on the surgical procedure. The treatment plan requested right shoulder MRI, arthroscopic evaluation of her right shoulder, and tenovagotomy of the right ring trigger finger. The 3/5/15 utilization review non-certified the request for right shoulder arthroscopy with subacromial decompression and debridement, possible rotator cuff repair, and associated post-op physical therapy 3x4, based on an absence of recent imaging and detailed documentation of conservative treatment trial and failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Scope with SAD and debridement, possible rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Indications for Surgery- Rotator cuff repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria have not been met. This patient presented for evaluation of decreased right shoulder range of motion after a nearly 3 year hiatus in treatment. An MRI evaluation of the right shoulder was requested and has not been completed. Detailed evidence of 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Post-operative Physical Therapy 3x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.