

Case Number:	CM15-0057573		
Date Assigned:	04/02/2015	Date of Injury:	12/11/2009
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

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 63-year-old female, with a reported date of injury of 12/11/2009. The diagnoses include right shoulder rotator cuff tear. Treatments to date regarding the right shoulder were not indicated in the medical records. The medical report dated 02/03/2015 indicates that the injured worker continued to have right shoulder pain, back pain, and left knee pain. A physical examination showed abduction of the right shoulder to 40 degrees with pain, and intact neurovascular status of the right shoulder and right upper extremity. The treating physician requested operative arthroscopy rotator cuff repair, subacromial decompression, possible arthrotomy of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Operative Arthroscopy Rotator Cuff Repair, Subacromial Decompression, Possible Arthrotomy Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-211.

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, Surgery for rotator cuff repair.

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 2/3/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 2/3/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore, the request for non-certification for the requested procedure is not medically necessary.