

Case Number:	CM15-0058053		
Date Assigned:	04/02/2015	Date of Injury:	11/14/1992
Decision Date:	05/13/2015	UR Denial Date:	02/28/2015
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 57-year-old male who reported an injury on 11/14/1992. The mechanism of injury was not specifically stated. The current diagnoses include status post left shoulder arthroscopy in 10/2013, cervical and lumbar spine injury, and bilateral carpal tunnel syndrome. The injured worker presented on 12/15/2014 for an evaluation regarding the left shoulder. The provider noted a left shoulder rotator cuff recurrent tear based on an updated MR arthrogram. The injured worker was pending authorization for electrodiagnostic studies. Authorization for a spine specialist was also pending. Upon examination, there was weakness of the left shoulder, pain with external rotation and supraspinatus testing, cervical spine stiffness with spasm, positive Spurling and Lhermitte's sign, significant right upper extremity atrophy, and 3/5 rotator cuff strength with stiffness and spasm in the low back. Recommendations at that time included authorization for a left shoulder arthroscopy, revision subacromial decompression, and revision rotator cuff repair. Preoperative medical clearance and postoperative physical therapy was also recommended at that time. A Request for Authorization form was submitted on 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210; 211; 214. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder- Acute and Chronic-Indications for Surgery.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, there was no mention of an exhaustion of conservative management prior to the request for a surgical procedure. In addition, the specific type of surgery being requested was not listed. As such, the request is not medically necessary at this time.