

Case Number:	CM15-0058379		
Date Assigned:	04/03/2015	Date of Injury:	08/24/1993
Decision Date:	05/29/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/27/2015

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, Sports Medicine

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 50-year-old female, who sustained an industrial injury on 08/24/1993. The injured worker was diagnosed as having left shoulder adhesive capsulitis, rotator cuff tear, myofascial pain, and left shoulder joint degenerative changes. Treatment to date has included trigger point injections, which helped significantly, physical therapy, and medications. An MRI of the left shoulder performed on 11/18/2014 was noted to have revealed a supraspinatus tendon tear, which was diffused partial thickness tearing. The injured worker presented on 02/05/2015 for a follow-up evaluation. The injured worker reported ongoing right shoulder pain. Upon examination, there was painful elevation to 90 degrees, painful abduction to 90 degrees, and external rotation to 30 degrees. Provocative rotator cuff testing, including impingement testing, was markedly positive. There was also weakness with supraspinatus testing. A left shoulder arthroscopy with debridement and rotator cuff repair was recommended as well as 24 sessions of postoperative physical therapy. A Request for Authorization form was submitted on 02/18/2015. The official MRI of the left shoulder completed on 11/18/2014 was submitted for review and confirmed a significant intra-articular long head biceps tendinopathy, degenerative signal of the superior labrum, and supraspinatus tear, moderate infraspinatus and subscapularis tendinopathy, and a focal area of marrow enhancement and non-enhancing cyst in the anterior aspect of the humeral head.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, Open Rotator Cuff Repair, Acromioplasty: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM 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, and clear clinical and imaging evidence of a lesion. Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. In this case, there is documentation of limited range of motion of the shoulder. However, according to the documentation provided, the injured worker also had multiple nerve entrapment syndromes to include carpal tunnel and ulnar nerve entrapment involving the left upper extremity. The injured worker's MRI revealed a partial tear of the supraspinatus tendon. There were no recent MRI findings of a full thickness tear involving the left shoulder. The number of physical therapy sessions completed to date was not mentioned. The extent of relief following the course of physical therapy was not documented. Given the above, the request is not medically necessary at this time.

Associated Surgical Service: Physical Therapy (12-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: UltraSling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.