

Case Number:	CM15-0080069		
Date Assigned:	05/01/2015	Date of Injury:	10/27/2014
Decision Date:	06/01/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/27/2015

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

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 64 year old female, who sustained an industrial injury on October 27, 2014. The injured worker has been treated for right shoulder complaints. The diagnoses have included non-traumatic right rotator cuff tear, disorders of bursae and tendons in shoulder region unspecified and trapezius muscles strain. Treatment to date has included medications, radiological studies, injections and physical therapy. Current documentation dated March 20, 2015 notes that the injured worker reported right shoulder pain. Examination of the right shoulder revealed tenderness and a decreased range of motion. A Hawkins's test was noted to be positive. The treating physician's plan of care included a request for arthroscopic surgery, rotator cuff repair and distal clavicle resection of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic surgery; rotator cuff repair and distal clavicle resection:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation ODG Shoulder section, 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 3/20/15 do not demonstrate 4 months of failure of activity modification. Therefore, the determination is for non-certification for the requested procedure. Therefore, the requested medical treatment is not medically necessary.