

Case Number:	CM15-0081300		
Date Assigned:	05/04/2015	Date of Injury:	07/23/1997
Decision Date:	06/04/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/28/2015

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: Minnesota, Florida
 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:

Per office notes of January 7, 2015, the injured worker is a 64-year-old female who is left-hand dominant and complains of pain in the left shoulder. There was a past history of dislocation of the shoulder in 1997. On examination, flexion was 120° and abduction 120°. External rotation was 60° and internal rotation to the posterior superior iliac spine. Passive forward flexion was 140° and abduction 140°. There was no instability documented. Impingement testing was positive. X-rays of the shoulder revealed a type II acromion. The impression was shoulder impingement. MRI of the left shoulder dated 1/20/2015 is noted. There was a history of prior left shoulder surgery in 1997. There was a mild glenohumeral joint effusion. No rotator cuff tear was documented. There was an area of increased signal along the bursal surface of the musculotendinous junction of the supraspinatus tendon compatible with mild reactive peritendinitis. There was mild acromioclavicular joint inflammatory change. Mild thickening of the long head of biceps tendon indicative of bicipital tendinitis. A request for left shoulder arthroscopy, rotator cuff repair, and subacromial decompression was non-certified by utilization review citing CA MTUS guidelines. This is appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, rotator cuff repair, subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213.

Decision rationale: California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms are those who have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. The guidelines recommend 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Documentation does not include evidence of such an exercise rehabilitation program with injections and therapy. The request for a rotator cuff repair is not supported by imaging studies. The guidelines indicate rotator cuff repairs for significant tears that impair activities by causing weakness of the arm elevation or rotation. In the absence of a documented full-thickness rotator cuff tear on the MRI scan, the request for a rotator cuff repair is not supported by guidelines. As such, the request for arthroscopy with subacromial decompression and a rotator cuff repair is not supported and the request is not medically necessary.