

Case Number:	CM15-0081798		
Date Assigned:	05/04/2015	Date of Injury:	09/26/2013
Decision Date:	06/04/2015	UR Denial Date:	04/16/2015
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: 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 53 year old male, who sustained an industrial/work injury on 9/26/13. He reported initial complaints of left shoulder pain. The injured worker was diagnosed as having left shoulder rupture rotator cuff, pain in joint shoulder, psychogenic pain, and long term use of medications. Treatment to date has included medication, orthopedic care, and shoulder injection. MRI results were reported on 12/17/13 with reported moderate supraspinatus tendinosis without full thickness tear. X-Rays results were reported on 10/8/13. Currently, the injured worker complains of pain in the left shoulder, left trapezius, and left side of the neck with numbness and tingling around the left trapezius. Per the primary physician's progress report (PR-2) on 4/7/15, examination revealed significant range of motion difficulties and impingement in the left shoulder. The requested treatments include left shoulder arthroscopy with a diagnosis of a rotator cuff tear and Post-operative physical therapy on left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for rotator cuff repair.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, pages 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 request is for a left shoulder arthroscopy for diagnosis of rupture of the rotator cuff which is not present from the MRI of 12/17/13. Therefore the determination is for not medically necessary for the requested procedure.

Post-operative physical therapy on left shoulder (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s 26-27.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.