

Case Number:	CM15-0083261		
Date Assigned:	05/05/2015	Date of Injury:	10/31/2012
Decision Date:	06/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/30/2015

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, Indiana, Oregon
 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 (IW) is a 64 year old male who sustained an industrial injury on 10/31/2012. He reported injury to both shoulders and his right knee. The injured worker was diagnosed as having chronic impingement syndrome of the left shoulder. Treatment to date has included physical therapy and pain medication. A diagnostic MRI of the left shoulder shows calcific tendinopathy of the rotator cuff with hypertrophic changes in the AC joint and subacromial spurring. There is subacromial impingement syndrome and rotator cuff arthropathy of the left shoulder with left acromioclavicular arthritis. Currently, the injured worker complains of pain and weakness. He has pain in the shoulder at night and pain with forward elevation. He has positive impingement sign. In April 2013, he was treated with cortisone injections in the left shoulder. In a September 2014 exam, the left shoulder had 130 degrees flexion, 25 degrees extension, 90 degrees abduction, 30 degrees adduction, 70 degrees internal rotation, and 70 degrees external rotation. Impingement sign was positive on the left as was provocative testing. There was no swelling; there was normal skin appearance and normal carrying angle. Tinel sign and tennis elbow test were negative. There was no ligament instability. Range of motion was normal in all planes. The applicant is retired. He takes Percocet almost daily. He is doing home exercises. Utilization review non-certified the request for Left Shoulder Possible Open Rotator Cuff Repair, Mod A-C Resection, Deltoid Bursa Debridement on 04/24/2015 citing no red flags.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Possible Open Rotator Cuff Repair, Mod A-C Resection, Deltoid Bursa Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for Impingement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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 MRI from 7/10/14 does not show a rotator cuff tear. The physical exam from 9/25/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore, the determination is not medically necessary.