

Case Number:	CM15-0083556		
Date Assigned:	05/05/2015	Date of Injury:	02/10/2015
Decision Date:	06/04/2015	UR Denial Date:	04/10/2015
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 is a 54 year old male, who sustained an industrial injury on 2/10/15. He reported initial complaints of pain in right shoulder. The injured worker was diagnosed as having right shoulder impingement with rotator cuff tear. Treatment to date has included physical therapy. Diagnostics included MRI right shoulder (3/23/15). Currently, the PR-2 notes dated 4/3/15 indicated the injured worker complains of right shoulder pain and weakness. He has had conservative treatment to date such as physical therapy with ongoing symptoms. He has had pain since the injury with a pain level of 7/10 and presents in this office on this date for an initial orthopedic consultation. The provider notes a cardiac history with angioplasty performed twice with stent placement; and is a smoker. He is also right hand dominant. The physical examination reveals for the cervical spine, no tenderness in the neck or prothoracic areas. There is full range of motion with no instability patterns. There is no radicular pain with good mobility and muscle function; no crepitus on turning, twisting of the neck; Spurling's and Adson's tests are negative. The right shoulder examination reveal range of motion in forward flexion was from 0 to 175 degrees, external rotation was from 0 to 40 degrees, and internal rotation was to T12. The injured worker had a positive Hawkin's sign for impingement with weakness with abduction testing. The neurological examination of the upper extremities indicates the upper extremities reveal grade 5 strength in deltoids, biceps, triceps, wrists, dorsiflexors, wrist volar flexors, and first dorsal interosseous and abductor pollicis brevis muscles bilaterally. Deep tendon reflexes are normal and symmetric in the biceps and triceps tendons bilaterally. The MRI of the right shoulder dated 3/23/15 showed findings of a full thickness tear of the rotator cuff with retraction to the glenoid

labrum with AC joint hypertrophy. Medications prescribed on this day were Tramadol for nighttime use and Lidopro topical ointment. The provider's treatment plan is based on his examination and MRI findings and conservative therapy such as physical therapy, home exercise and medications. The provider is requesting authorization of a Right Shoulder Arthroscopy with Subacromial Decompression and cuff synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Subacromial Decompression and cuff synovectomy:

Upheld

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

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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 4/3/15. In addition, night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 4/3/15 does not demonstrate evidence satisfying the above criteria, notably the relief with anesthetic injection. Therefore, the determination is not medically necessary.