

Case Number:	CM15-0087834		
Date Assigned:	05/13/2015	Date of Injury:	01/24/2013
Decision Date:	06/12/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/07/2015

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 37-year-old female who sustained an industrial injury on 01/24/2013. Diagnoses include rotator cuff sprain/strain, adhesive capsulitis of the shoulder and other affections of the shoulder region NEC. Treatments to date include NSAIDs, pain medications, physical therapy and home exercise. The MRI of the left shoulder dated 3/22/15 showed strained superior cuff with limited insertional fraying or splitting with no marginated tear or gap in the rotator cuff. According to the progress notes dated 3/31/15, the IW reported the left shoulder felt as if it was getting worse. She complained of stiffness and burning throughout the day and the shoulder felt "stuck" at times and unable to move. On examination of the left shoulder, there was a positive impingement sign and internal rotation contracture of approximately 15 to 20 degrees. A request was made for left shoulder arthroscopic capsule release, decompression, rotator cuff repair and other indicated procedures at the time of the arthroscopy and buroscopy, post-operative physical therapy twice weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Capsule Release, Decompression, Rotator Cuff Repair and other indicated procedures at the time of the Arthroscopy and Buroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

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

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. Based on the MRI of 3/22/15, there is no rotator cuff tear. Based on this the request for repair is not medically necessary.

Post Operative Physical Therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.