

Case Number:	CM14-0111251		
Date Assigned:	09/16/2014	Date of Injury:	10/02/2009
Decision Date:	10/20/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old male claimant with an industrial injury dated 10/02/09. MRI dated 02/12/14 provides evidence of increased signal intensity and irregularity consistent with mild to moderate partial tearing of the supraspinatus, moderate-grade partial tearing of the subscapularis, moderate AC joint arthropathy with inferiorly-directed osteophytic ridging without significant deformity upon the supraspinatus muscle tendon complex, and a small joint effusion present with fluid in the subacromial-subdeltoid bursa. Exam note 05/23/14 states the patient returns with right shoulder pain. The patient states that the shoulder catches when lifting or doing overhead activities. The patient reports having total arm numbness and that the shoulder pops each time he lifts his arm overhead and sometimes with lateral raising. Physical exam demonstrates that the patient has tenderness to palpation over the AC joint and greater tuberosity. The patient had a range of motion to 160° elevation, external rotation to 40°, and internal rotation to L1. The patient had a positive Impingement signs, O'Brien's test, Jobe test, Roo's test and Tinel's test. MRI demonstrates a moderate partial rotator cuff tear. Treatment includes a right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-Shoulder Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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

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 submitted notes from 5/23/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 5/23/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. The request is not medically necessary and appropriate.