

Case Number:	CM14-0127394		
Date Assigned:	09/23/2014	Date of Injury:	02/25/2014
Decision Date:	10/29/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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 Texas. 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:

The injured worker is a 50-year-old female who reported an injury on 02/25/2014. The mechanism of injury was not provided. On 03/24/2014, the injured worker presented with pain in the right knee. She also had complaints related to her left shoulder of pain with movement. Upon examination of the left shoulder, there was tenderness over the left biceps and rotator cuff. There was a negative apprehension test. Restricted range of motion to the left shoulder of 150/180 degrees flexion, 40/50 degrees of extension, 70/90 degrees of internal rotation, 80/90 degrees of external rotation, 150/160 degrees of abduction, and 50/50 degrees of adduction. There was no weakness in the left upper extremities. An MRI of the left shoulder, performed on 05/05/2014, noted a full thickness tear involving the distal supraspinatus tendon. The diagnoses were left shoulder impingement, rotator cuff sprain/strain, and knee contusion. Prior therapy included medications. The provider recommended the start of physical therapy. The provider recommended left shoulder rotator cuff repair, the rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder rotator cuff repair: Upheld

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

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

Decision rationale: The request for Left shoulder rotator cuff repair is not medically necessary. The California MTUS/ACOEM Guidelines state that surgical considerations are indicated for injured workers who have red flag conditions, activity limitations for more than 4 months, plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder, even after exercise programs, and clear clinical imaging of a lesion that has been shown to benefit in both the long and short term from surgical repair. Rotator cuff repair is indicated for significant tears that impair activity by causing weakness of arm elevation or rotation, particularly and acutely in injured workers who are young. Rotator cuff tears are frequently partial thickness or smaller full thickness tears. Surgery is not indicated for injured workers with mild symptoms or those whose activities are not limited. There is lack of documentation of the injured worker's prior courses of conservative care to include physical therapy and medications. Additionally, there is lack of objective functional deficits submitted in the medical documents for review. As surgeries are resolves for cases failing conservative therapy for at least 3 months, left shoulder rotator cuff repair would not be indicated. As such, medical necessity has not been established.