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| Case Number: | CM14-0151860 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 05/15/2014 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 09/17/2014 |

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:

61-year-old male claimant with an industrial injury dated 05/15/14. The injured worker is status post an open left shoulder surgery dated in 2000 with probable residual. Conservative treatments include physical therapy; massage therapy, medications, and injections all providing little pain relief. The intra-articular injection is dated 08/12/14 with little benefit. The injured worker explains that he still experiences mild to moderate sharp pain in the left shoulder. MRI of the left shoulder dated 06/19/14 reveals that the injured worker is status post a rotator cuff repair with multiple suture anchored at the rotator cuff footprint. Also there was residual or recurrent partial thickness tear of the supraspinatus tendon fibers, and mild diffused supraspinatus muscle atrophy. The injured worker also had moderate to severe infraspinatus tendinitis, and moderate subscapularis tendinitis. Exam note 08/26/14 states the injured worker returns with left shoulder pain radiating to the upper arm and elbow. The injured worker demonstrated a limited range of motion and left hand grip weakness. Upon physical exam there was tenderness over the acromioclavicular joint and anterior capsule. Forward flexion was noted at 120', abduction of 120', 40/40, and 60/60, all with pain. The injured worker completed a positive Hawkin's test and impingement sign test. Motor strength was noted as 3/5. Diagnosis is noted as left shoulder strain and internal derangement of the left shoulder. Treatment includes a left shoulder arthroscopy with repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy and Repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 08/27/2014), Diagnostic arthroscopy, Criteria for Surgery for SLAP lesions.

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) Shoudler 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 8/26/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 8/26/14 does not demonstrate a painful arc of motion, night pain or relief from the anesthetic injection given. While there is evidence of pathology in the rotator cuff from 6/19/14 this in isolation does not satisfy the guidelines. Therefore the request for Left Shoulder Arthroscopy and Repair is not medically necessary.