

Case Number:	CM14-0152638		
Date Assigned:	09/22/2014	Date of Injury:	05/16/2013
Decision Date:	10/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 Spinal Surgeon, and is licensed to practice in New York. 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 patient is a 55-year-old female with a date of injury of May 16 2013. The patient has chronic back pain and shoulder pain. The patient has shoulder pain radiating to the neck and right arm. Physical examination documents decreased range of motion of the neck. There is painful terminal range of right shoulder motion. Tenderness to medial epicondyles palpation is noted and grip strength is decreased on the right. MRI of the shoulder from August 2013 shows sloping of the distal acromion with some spurring. Degenerative changes were noted in the AC joint and glenohumeral joint. A tear of the supraspinatus tendon was noted. A partial thickness tear of the biceps tendon was noted. At issue is whether shoulder surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, subacromial decompression, intra-articular surgery, right shoulder rotator cuff tear repair, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 12/27/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: MTUS shoulder pain chapter, Official Disability Guidelines (ODG) shoulder pain chapter

Decision rationale: This patient does not meet establish criteria for shoulder surgery at this time. Specifically the physical exam findings do not document a large loss of motion or weakness in the shoulder. Physical examination findings of a large rotator cuff tear are not present. The medical records also indicate that cervical radiculopathy has not been ruled out. Plain x-rays of the shoulder have not been provided. If the patient has degenerative joint disease of the shoulder is unlikely that rotator cuff repair alone would be sufficient. Also if the patient has radicular symptoms from the neck is unlikely that rotator cuff surgery be successful. Additionally physical exam findings do not demonstrate any weakness in testing of the rotator cuff. Since cervical pathology is not ruled out in the physical exam does not clearly correlate with rotator cuff pathology, medical necessity for shoulder surgery has not been established.