

Case Number:	CM14-0164965		
Date Assigned:	10/10/2014	Date of Injury:	03/27/2013
Decision Date:	11/13/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/07/2014

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:

34-year-old male claimant with an industrial injury dated 03/27/13. The patient is status post a right shoulder rotator cuff surgery. Exam note 08/28/14 states the patient returns with right shoulder and neck pain. MRI of the right shoulder dated 08/28/14 demonstrates adequate clearance under the acromion, and the labrum was unremarkable. Additionally, there was mixed signal changes of the supraspinatus tendon to be suspicious for a distal tear with retraction. The patient experiences weakness of the right arm. Upon physical exam there was evidence of tenderness over the cervical spine. Range of motion was decreased and noted to be a flexion to 155', and abduction to 155'. There is positive impingement sign on the right and provocative testing is positive on the right. It is noted that there is some pathology in the shoulder as well. Also the claimant expresses cervical radicular pain. Treatment includes a right shoulder arthroscopy and repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy and repair for the right shoulder as an outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 8/28/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 8/24/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. In addition there is no evidence of pathology from the MRI of the affected shoulder on 8/28/14. Therefore the determination is for non-certification for the requested procedure.