

Case Number:	CM14-0181714		
Date Assigned:	11/06/2014	Date of Injury:	10/05/2006
Decision Date:	12/16/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/31/2014

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 is a 58-year-old male claimant with an industrial injury dated 10/05/06. The patient is status post a right shoulder arthroscopy, arthroscopic acromioplasty, and a right shoulder distal clavicle resection as of 07/26/07. The patient is status post a revision acromioplasty as of 08/12/08. MRI of the right shoulder dated 09/17/14 reveals tendinosis of the rotator cuff, some partial thickness tearing/tendinosis of subscapularis, absent long head biceps tendon, prior resection of the distal clavicle and no labral tears. Exam note 09/23/14 states the patient returns with shoulder pain. The right anterior shoulder pain is resulting in some dorsal hand numbness. Upon physical exam the patient demonstrated a decreased range of motion with the right shoulder. The patient demonstrates a positive Hawkin's and Yergason's test. Motor strength was noted as a 4/5 with internal rotation. Treatment includes physical therapy sessions and a right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Shoulder Arthroscopy, Mini-Open Rotator Cuff Repair and Biceps Tenodesis:
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 9/23/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 9/23/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the request is not medically necessary.

8 Postoperative Physical Therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.