

Case Number:	CM14-0185401		
Date Assigned:	11/13/2014	Date of Injury:	04/04/2014
Decision Date:	12/19/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/06/2014

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:

The patient is a 59-year-old male who has submitted a claim for left shoulder injury, partial RC tear, and biceps tendinopathy associated with an industrial injury date of 4/4/2014. Medical records from 2008 to 2014 were reviewed. The patient complained of intermittent left shoulder pain aggravated by activity. Physical examination showed no gross wasting, painful arc of motion, tenderness at anterior aspect, positive Speed's test, and weakness of shoulder elevators and internal rotators. MRI of the left shoulder in July 14, 2014 showed no discrete measurable rotator cuff tendon tear, supraspinatus and infraspinatus tendinosis, and mild acromioclavicular joint arthropathy. Treatment to date has included 6 sessions of physical therapy and medications. No cortisone injection has been performed because of patient's reluctance to the procedure. The utilization review from 10/3/2014 denied the request for associated surgical service: left shoulder arthroscopy with subacromial decompression, rotator cuff repair and bicep tenodesis because of limited indication that the patient had exhausted and failed all appropriate conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Left shoulder arthroscopy with subacromial decompression, rotator cuff repair and bicep tenodesis: 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) Treatment

in Workers Compensation (TWC), Procedure Summary, updated 08/27/2014, Criteria for Surgery for Biceps Tenodesis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Surgery for Rotator Cuff Repair

Decision rationale: CA MTUS ACOEM Practice Guidelines Chapter 9 and ODG support surgical intervention for patients who have: (1) red flag conditions; (2) activity limitation for more than four months, plus existence of a surgical lesion; (3) failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; and (4) clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. In this case, the patient complained of intermittent left shoulder pain aggravated by activity. Physical examination showed no gross wasting, painful arc of motion, tenderness at anterior aspect, positive Speed's test, and weakness of shoulder elevators and internal rotators. There was a note concerning failure of conservative measures hence this request for shoulder surgery. However, patient was only able to attend 6 sessions of physical therapy. Moreover, no cortisone injection has been performed because of patient's reluctance to the procedure. Furthermore, the MRI of the left shoulder in July 14, 2014 showed no discrete measurable rotator cuff tendon tear. Guideline criteria are not met. Therefore, the request for associated surgical service: left shoulder arthroscopy with subacromial rotator cuff repair and bicep tenodesis is not medically necessary and appropriate.