

Case Number:	CM14-0185500		
Date Assigned:	11/13/2014	Date of Injury:	05/09/2014
Decision Date:	12/19/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/07/2014

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:

This 49-year-old female teacher sustained an industrial injury on 5/9/14. The mechanism of injury was not documented. The 7/23/14 right shoulder MRI impression documented a partial thickness supraspinatus tear with possible full thickness component. The 9/17/14 treating physician progress report cited some limited decrease in pain and increase in range of motion. Conservative treatment included physical therapy and work modification. Physical exam documented no deformity or swelling, moderate anterior tenderness, and very limited range of motion in abduction, flexion and extension. The patient was unable to raise her arm enough to perform Hawkin's test. Cross arm test was abnormal. The treatment plan recommended continued physical therapy and right rotator cuff repair. The 10/6/14 utilization review denied the request for right shoulder surgery as there was no documentation that the patient had exhausted at least 3 months of conservative treatment. The 10/20/14 patient appeal letter indicated that she had undergone a cortisone injection, attended physical therapy since 7/8/14, was prescribed medication, and performed daily home exercises. She reported continued pain, severe lack of rotation described as a frozen shoulder, and limited right arm use. She appealed the denial of surgery as five months of therapy and home exercise would be completed by the time her surgery was anticipated in December.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic repair of right rotator cuff tear: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery, Rotator Cuff Repair

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, Surgery for rotator cuff repair

Decision rationale: The California MTUS guidelines provide general recommendations for rotator cuff repair. For rotator cuff tears presenting primarily as impingement, surgery is reserved for cases failing conservative treatment for three months. The Official Disability Guidelines provide specific indications for repair of partial thickness rotator cuff tears that generally require 3 of continuous conservative treatment, plus painful arc of motion, weak or absent abduction, positive impingement sign with a positive diagnostic injection test, and positive imaging evidence of rotator cuff deficit. Guideline criteria have been met. There is significant functional limitation documented. Clinical exam and imaging evidence is consistent with rotator cuff pathology. Evidence of at least 3 month(s) of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.