

Case Number:	CM14-0214267		
Date Assigned:	01/07/2015	Date of Injury:	06/02/2014
Decision Date:	03/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 47-year-old male with a history of right shoulder injury on 6/2/2014 resulting in a rotator cuff tear. MRI of the right shoulder dated August 13, 2014 demonstrated the a full-thickness rotator cuff tear involving the supraspinatus tendon with degenerative fraying and superior border tear of the subscapularis tendon and there was a large subacromial / subdeltoid effusion as well as degenerative changes of the labrum and acromioclavicular joints. Tendinosis of the biceps was also noted. The injured worker was treated with physical therapy but continued to have severe shoulder pain and weakness. There was significant loss of motion of the shoulder. In addition, he complained of locking, numbness, pain, swelling, tingling and weakness of the shoulder. Examination findings include tenderness to palpation in the anterior subdeltoid region, forward flexion of 90, abduction 60, external rotation 30 and internal rotation to the sacrum. Strength of the supraspinatus and infraspinatus was 3/5, limited by pain. The diagnosis is a full-thickness rotator cuff tear with adhesive capsulitis. Per documentation of 9/25/14 there is shoulder pain, loss of motion, and stiffness. There is a positive Jobe's sign. Impingement testing is positive including Neer and Hawkins Kennedy. Spurling was negative bilaterally. The injured worker meets the criteria for arthroscopy with subacromial decompression and a rotator cuff repair. The request was noncertified by utilization review as a copy of the MRI report was not available. Per medical records the MRI of the right shoulder dated 8/13/2014 showed: a. Full-thickness supraspinatus tendon tear extending to involve part of the adjacent infraspinatus tendon, combination for degenerative fraying and irregular near full-thickness tearing involving the subscapularis tendon. b. Acromioclavicular joint arthropathy .c.

Possible degenerative fraying of the superior to anterior superior labrum. d. Tendinosis with possible degenerative fraying affecting the proximal extra-articular portion of the long head biceps tendon. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy & rotator cuff repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211.

Decision rationale: The California MTUS guidelines indicate surgical considerations for patients who have red flag conditions such as an acute rotator cuff tear in a young worker, activity limitation for more than 4 months plus existence of a surgical lesion, 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 clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Based on the guidelines, the worker meets the criteria for arthroscopy with a rotator cuff repair and as such, the medical necessity of the requested procedure is established.