MAXIMUS Federal Services

Case Number:	CM14-0215267		
Date Assigned:	01/02/2015	Date of Injury:	03/09/2011
Decision Date:	03/05/2015	UR Denial Date:	12/09/2014
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: California
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:

52 year old claimant was reported industrial injury of May 9, 2011. The claimant is status post an open rotator cuff repair on the shoulder on January 24, 2012. Exam note demonstrates manipulation under anesthesia the right shoulder on 6/19/2013. MRI of the right shoulder from November 24, 2014 demonstrates a positive repair full-thickness with retraction of the supraspinatus tendon right shoulder. Exam note November 24, 2014 demonstrates the patient complains of right shoulder pain and right-sided neck pain. Neurologic examination demonstrates normal muscle strength graded as 5 out of 5. Examination of lumbosacral spine demonstrates patient has myofascial tenderness in the right paraspinal region. Diagnosis is made of adhesive capsulitis of the shoulder with request for arthroscopic rotator cuff repair right shoulder and referral to a podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic rotator cuff repair: Upheld

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): page 209-210. Decision based on Non-MTUS Citation Shoulder, Surgery for rotator cuff

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 11/24/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 11/24/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore, the determination is for non-certification for the requested procedure.