

Case Number:	CM14-0219184		
Date Assigned:	01/09/2015	Date of Injury:	04/22/2013
Decision Date:	03/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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:

The injured worker is a 54 year old male, who sustained an industrial injury on April 22, 2013. He has reported a shoulder injury. The diagnoses have included right shoulder rotator cuff tear, left shoulder impingement syndrome and cervical spine strain. Treatment to date has included pain medication. An MRI of the right shoulder on July 1, 2014 revealed a small partial thickness tear of the posterior rotator cuff. Currently, the injured worker complains of ongoing right shoulder pain which he rated an 8 on a 10-point scale and left shoulder pain which was rated a 6-7 on a 10 point scale. The injured worker reported that the pain increases with activities. The evaluating physician recommended right shoulder arthroscopy, IAS, SAD with possible distal clavicle resection and rotator cuff repair. On December 19, 2014 Utilization Review non-certified a request for right shoulder arthroscopy, possible distal clavicle resection and rotator cuff repair, noting that based on the guidelines, the lack of an acute injury, the partial thickness nature of the cuff tear and the lack of conservative care. The American College of Occupational and Environmental Medicine guidelines were cited. On December 31, 2014, the injured worker submitted an application for IMR for review of right shoulder arthroscopy, possible distal clavicle resection and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, possible distal clavicle resection and rotator cuff repair:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation 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 11/4/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 11/4/14 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.