

Case Number:	CM15-0014549		
Date Assigned:	02/02/2015	Date of Injury:	10/27/2011
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 10/28/2011 after a motor vehicle accident. The injured worker reportedly sustained an injury to multiple body parts to include the bilateral shoulders. The injured worker was conservatively treated with medications and physical therapy. The injured worker had persistent bilateral shoulder pain. The injured worker was evaluated on 12/17/2014. It was documented that the injured worker had 5/10 pain. Physical findings of the bilateral shoulders documented tenderness to palpation of the bilateral acromioclavicular joints and subacromial space with restricted range of motion secondary to pain and a positive Neer's and Hawkins sign on the left side and significant weakness of the right shoulder musculature when compared to the left. The injured worker's diagnoses included cervical sprain, bilateral shoulder sprain, myofascial pain, right foot sprain, dislocation of the 4th toes, status post right foot surgery, right shoulder full thickness, left shoulder rotator cuff tear and anxiety, stress and depression. The injured workers treatment plan at that appointment included an orthopedic surgical consult for the bilateral shoulders, and home exercise program, and continuation of medications. A request was made for surgery to include Open Rotator Cuff repair both shoulders. However, no justification was provided to support the request. Additionally, no request for authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Open Rotator Cuff repair both shoulders: Upheld

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

Decision rationale: The request Surgery: Open Rotator Cuff repair both shoulders is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend rotator cuff repair when the injured worker has signs and symptoms consistent with the diagnosis and confirmed with pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker is significantly symptomatic and has failed to respond to conservative treatment. However, there were no imaging studies provided for this review to support pathology consistent with the diagnosis. Therefore, surgical repair would not be supported in this clinical situation. As such, the requested surgery for the Open Rotator Cuff repair both shoulders is not medically necessary or appropriate.