

Case Number:	CM15-0115473		
Date Assigned:	06/23/2015	Date of Injury:	05/11/2012
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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, Indiana, Oregon
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 46-year-old male, who sustained an industrial injury on 5/11/2012. Diagnoses include cervical disc bulge, lumbar disc bulge and rotator cuff tear. Treatment to date has included medications including Norco, Ibuprofen Baclofen Omeprazole, Lidoderm patches and Miralax, surgical intervention (L3-4 and L4-5 lumbar laminectomy on 4/20/2015), independent shoulder rehabilitation, physical therapy, rest and ice. Magnetic resonance imaging (MRI) of the left shoulder dated 11/21/2014 revealed a partial thickness tear involving the articular site, and intrasubstance portion of the supraspinatus and infraspinatus tendons and a longitudinal split tear involving the extra articular portion of the long head of the biceps tendon within the bicipital groove. Per the Primary Treating Physician's Progress Report dated 5/27/2015, the injured worker reported constant sharp and dull left shoulder pain rated as 7/10, made better with ice and medication. She reported popping, clicking, locking and giving out of the shoulder. Physical examination revealed a positive Hawkin's and Neer's test. The plan of care included surgical intervention and authorization was requested for left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Shoulder (Acute & Chronic)/ Surgery for impingement syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 5/27/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the request does not adhere to guideline recommendations and is not medically necessary.