

Case Number:	CM15-0115856		
Date Assigned:	06/24/2015	Date of Injury:	07/24/2010
Decision Date:	07/23/2015	UR Denial Date:	05/28/2015
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
 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:

This 53 year old woman sustained an industrial injury on 7/24/2010. The mechanism of injury is not detailed. Diagnoses include left shoulder impingement syndrome bursitis and tendinitis, musculoligamentous strain of the lumbar spine, left leg radiculitis, and anxiety and neurosis. MRI left shoulder from 1/17/11 demonstrates arthrosis of the acromioclavicular joint and a type III acromion. Supraspinatus tendon demonstrates a suggestion of a full thickness tear. Treatment has included oral medications. Physician notes dated 5/4/2015 show complaints of intense lumbar spine and left leg pain and left shoulder pain. Recommendations include epidural steroid injection, left shoulder surgical intervention, spinal cord stimulator, and follow up when surgery is authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic examination surgery, subacromial decompression, repair of teh rotator cuff:
 Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214, table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary Online.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation ODG Shoulder section, 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 5/4/15 do demonstrate 4 months of failure of activity modification. The physical exam from 5/4/15 does demonstrate a painful arc of motion, and temporary relief from anesthetic injection. While laterality is not mentioned in the request, there is no mention of the right shoulder in the records. Therefore the requested procedure is not medically necessary.

Related surgical service: CTU, ten day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary Online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request exceeds the guidelines recommendation of 7 days. Therefore the request is not medically necessary.