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| Case Number: | CM15-0119102 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 11/21/2013 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/19/2015 |

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:

The injured worker is a 34 year old male who sustained an industrial injury on 11/21/13 involving his right shoulder. While he was cutting a thick stalk of plant he used force and felt pain in the right shoulder. He was medically evaluated, had an MRI and was referred to an orthopedic surgeon. He currently complains of constant right shoulder pain; cervical spine pain that radiates down to the left shoulder blade. The physical exam of the right shoulder revealed scapular dyskinesis, pain and tenderness on direct palpation, pain with range of motion, positive O'Brien, Speed and Yergason tests. Medications were Naprosyn, Cymbalta. Diagnoses included right shoulder pain; right shoulder supraspinatus tendinosis, right shoulder long head biceps tendinosis; chronic shoulder pain. Treatments to date include right shoulder steroid injection (3/2015) with little relief; physical therapy with little relief; medication; functional restoration program. Diagnostics include MRI of the right shoulder (12/10/13) showing type 2 acromion, tendinosis in the supraspinatus and tendinosis in the biceps tendon; plain x-ray of the right shoulder showing type 2 acromion. In the progress note dated 5/20/15 the treating provider's plan of care requested authorization for a right shoulder arthroscopy, possible rotator cuff repair, possible biceps tendinosis and subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, possible RC repair, biceps tenodesis SAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 5/20/15 do not demonstrate 4 months of failure of activity modification. The MRI of the shoulder from 12/10/13 does not demonstrate evidence of a rotator cuff tear to warrant surgical care. Therefore, the determination is for non-certification for the requested procedure.