

Case Number:	CM15-0119529		
Date Assigned:	06/30/2015	Date of Injury:	06/30/2014
Decision Date:	07/29/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/22/2015

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 63-year-old male, who sustained an industrial injury on 6/30/14. The injured worker has complaints of right shoulder weakness right arm. The documentation noted that there is atrophy of deltoid and supraspinatus muscles, tenderness on subacromial space, and anterior aspect of the biceps tendon. There is tenderness on palpation of the acromioclavicular joint. The diagnoses have included adhesive capsulitis right shoulder and rotator cuff tear right shoulder. Treatment to date has included arthroscopic rotator cuff repair of the right shoulder on 1/22/15; magnetic resonance arthrogram of the right shoulder on 4/24/15 showed large rotator cuff tendon tear with retraction of the supraspinatus and part of the infraspinatus tendon, the subscapularis tendon also appears torn and retracted, there is a probable tear and retraction of the long head of the biceps tendon and right shoulder X-ray revealed narrowing of glenohumeral joint acromioclavicular joint narrowing and osteophyte formation. The request was for right shoulder arthroscopic surgery repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic surgery repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. 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 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. In this case, there was a previous attempt at repair in January 2015 which was aborted due to the fact the surgeon felt the tear was not repairable. Based on this, the pathology is not felt to be one with clear evidence of benefit from surgical repair and the request is not medically necessary.