

Case Number:	CM15-0127642		
Date Assigned:	07/14/2015	Date of Injury:	03/25/2014
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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 57 year old female who sustained a work related injury March 25, 2014. According to a primary treating physician's progress report, dated May 21, 2015, the injured worker presented for review of a recent MRI and to discuss further treatment options. She reports increasing pain in the right shoulder, rated 8/10, described as throbbing and radiating between the arms and neck. There is also constant severe pain in the low back, rated 8/10, described as sharp and burning with radiation into the lower extremities, right greater than left, with associated tingling, numbness, and weakness. Cervical pain is constant, rated 7/10 with radiation into the upper extremities, associated with tingling and numbness. Examination of the right shoulder revealed; Hawkins and impingement tests are positive, rotator cuff is weak and painful with (4) strength in forward flexion and abduction, reproducible symptomatology with internal rotation and forward flexion. Lumbar spine; seated nerve root test is positive, standing flexion and extension are guarded and restricted, coordination and balance intact. Cervical Spine-Upper Extremities; pain is reproducible, right greater than left in the upper extremities, cervical radiculitis with a positive axial loading compression test, Spurling's maneuver is positive, and range of motion is limited by pain. An MRI of the right shoulder, performed May 15, 2015, revealed a full thickness tear and complete tear of the supraspinatus tendon with retraction to the level of the glenohumeral joint measuring 4 cm. There is also marked increased risk for impingement due to acromioclavicular joint degenerative changes and capsular hypertrophy with inferior osteophytes and lateral downsloping. Diagnoses are cervical discopathy; lumbar discopathy; internal derangement right shoulder with full thickness tear of rotator cuff with retraction. At issue, is the request for authorization for a right shoulder arthroscopy with subacromial arch, Mumford, rotator cuff repair, pre-operative medical clearance, post-operative rehabilitation, and post-operative arm sling purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with subacromial arch, decompression, mumford resection, rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

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. 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 5/21/15 exam note does not detail a painful arc of motion or weak/absent abduction. Based on this the request is not medically necessary.

Preoperative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post operative Rehab and gentle range-of-motion exercise, 3 times wkly for 4 wks, Right Shoulder, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post operative Arm Sling, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.