

Case Number:	CM15-0175332		
Date Assigned:	09/25/2015	Date of Injury:	01/31/2006
Decision Date:	10/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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, Oregon, Washington
 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 74 year old female, who sustained an industrial-work injury on 1-31-06. She reported initial complaints of right shoulder pain. The injured worker was diagnosed as having right shoulder impingement with rotator cuff tendinopathy, myofascial pain of the right neck, and right ulnar nerve compression at the elbow. Treatment to date has included medication, nerve blocks, and diagnostics. MRI results were reported on 8-10-12 that demonstrated extensive rotator cuff tendinopathy and some partial tearing without full thickness or retracted tear, markedly unfavorable acromioclavicular joint and acromial morphology which has worsened since prior study, and superior labral tear with mild anterior and superior extension and new anterior paralabral cyst. Currently, the injured worker complains of worsening pain in the right shoulder. She also has cancer in remission. Per the primary physician's progress report (PR-2) on 6-8-15, exam notes positive impingement sign, tenderness over the AC (acromioclavicular) joint and over the greater tuberosity, tender over the trapezium on the right with multiple trigger points, tender over the right ulnar nerve at the elbow with a positive Tinel's sign. Ultrasound evaluation of the right shoulder does tearing in the insertion of the rotator cuff and shows significant tendinopathy. Current plan of care includes surgery and nerve block. The Request for Authorization requested service to include Right Rotator Cuff Repair and Retrospective; Right shoulder Nerve Block under ultrasound guided injection. The Utilization Review on 8-5-15 denied the request for Right Rotator Cuff Repair due to no objective test demonstrating need for surgical intervention and Right shoulder Nerve Block under ultrasound guided injection due to lack of documentation to specify what nerve to inject and also a subacromial injection was also given on that date (6-8-15), per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Shoulder Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Rotator Cuff Repair: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (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 6/8/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 6/8/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the determination is not medically necessary for the requested procedure.

Retrospective; Right shoulder Nerve Block under ultrasound guided injection: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of scalene nerve block for shoulder pain. Per ODG Shoulder, scalene nerve block is only recommended for the relief of acute thoracic outlet syndrome symptoms. In this instance the request is for shoulder pain associated with rotator cuff tendinopathy, therefore the requested procedure is not medically necessary.