

Case Number:	CM15-0177672		
Date Assigned:	09/18/2015	Date of Injury:	12/14/2012
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/09/2015

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 65-year-old female, with a reported date of injury of 12-14-2012. The diagnoses include right shoulder sprain, right shoulder internal derangement, and strain and right rotator cuff tear. Treatments and evaluation to date have included Tramadol and extracorporeal shockwave treatment to the right shoulder on 06-02-2015, and 06-09-2015. The diagnostic studies to date have included a urine drug screening on 04-21-2015; an MRI of the right shoulder on 04-21-2015 which showed mild osteoarthritis of the acromioclavicular joint, flat, laterally down sloping of the acromion, partial-thickness tear of the infraspinatus, partial-thickness tear versus post-surgical change of the supraspinatus, partial-thickness tear of the horizontal biceps tendon, synovium effusion, subacromial and subdeltoid bursitis, and superoanterior labral tear. The progress report dated 07-31-2015 indicates that the injured worker complained of pain in her right shoulder. The objective findings include normal range of motion of the right shoulder; tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, posterior shoulder, and supraspinatus; and muscle spasm of the acromioclavicular joint, anterior shoulder, lateral shoulder, posterior shoulder, and supraspinatus. The treatment plan included a right shoulder arthroscopy and rotator cuff repair. The injured worker's work status was not indicated. The request for authorization was dated 07-31-2015. The treating physician requested a right shoulder arthroscopic surgery with rotator cuff repair. On 08-12-2015, Utilization Review (UR) non-certified the request for a right shoulder arthroscopic surgery with rotator cuff 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 with cuff RPR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for rotator cuff repair.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

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 7/31/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 7/31/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the requested procedure is not medically necessary.