

Case Number:	CM15-0060038		
Date Assigned:	04/06/2015	Date of Injury:	09/24/2013
Decision Date:	05/29/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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, Sports Medicine

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 55 year old female who sustained an industrial injury on 9/24/13. The mechanism of injury was a trip and fall. The injured worker reported symptoms in the left shoulder. The injured worker was diagnosed as having shoulder pain, complete rupture of rotator cuff and sprain acromioclavicular (left) with mild arthrosis. Treatments to date have included nonsteroidal anti-inflammatory drugs, oral pain medication, and injections. The documentation of 03/20/2015 revealed the injured worker had continued complaints of pain in the left shoulder. The physical examination revealed the injured worker had nearly global tenderness with guarding to touch. The Hawkins, Neer's, and crossed body tests were positive. The supraspinatus testing strength was 3/5. The treatment plan included right subacromial CCS injection with improved pain and improved active range of motion. The documentation of 02/13/2015 revealed the injured worker had a constant ache and shoulder weakness that was getting worse. The injured worker tried to use her arms and the symptoms were worse. The physical examination revealed 2+ tenderness at the AC joint, 2+ at the lateral acromion and lateral deltoid, and 1+ at the posterior acromion. The deltoid strength was 4/5. Supraspinatus strength was 2+/5 with a positive drop arm test. The infraspinatus and subscapularis strength were 4/5 with pain. The testing revealed positive Neer's, Hawkins, and crossed body tests. The documentation indicated the injured worker had an MRI of the left upper extremity on 11/21/2014, which revealed a small full thickness rotator cuff tear of the SST at a critical zone and mild AC arthrosis. The treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Remedy sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Left shoulder arthroscopy with rotator cuff repair, debridement, and decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 210-211.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. The clinical documentation submitted for review provided the injured worker had objective findings upon physical examination. The specific conservative care that was provided and the duration of conservative care were not provided. The official MRI was not provided for review. Given the above, and the lack of documentation of exceptional factors, the request for left shoulder arthroscopy with rotator cuff repair, debridement, and decompression is not medically necessary.

Pre-operative medical clearance, laboratory tests and electrocardiogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

12 post-operative physical therapy visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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