

Case Number:	CM15-0070730		
Date Assigned:	04/20/2015	Date of Injury:	10/26/2010
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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 52-year-old female with an industrial injury dated October 26, 2010. The injured worker diagnoses include cervicalgia with left upper extremity radiculopathy, bilateral shoulder pain status post right rotator cuff repair, bilateral shoulder rotator cuff tears, shoulder pain and lumbago. She has been treated with Magnetic Resonance Imaging (MRI) arthrogram of left shoulder 2/11/2015, X-ray of bilateral shoulder/cervical spine, prescribed medications and periodic follow up visits. According to the progress note dated 3/16/2015, the injured worker reported cervical spine pain, bilateral shoulder pain and lumbar spine pain. Left shoulder exam revealed forward flexion to 130 degrees, shoulder abduction to 90 degrees, external rotation of 70 degrees and internal rotation of 50 degrees. The treating physician reported equivocal O'Brien test, equivocal Jobe's test, negative speed and negative Yergason test for the left shoulder. The treating physician also reported that the x-ray of the left shoulder was normal. The treating physician prescribed services for left shoulder arthroscopy with rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with rotator cuff repair quantity: 1.00: Upheld

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

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. The MRI of 2/11/15 shows no full thickness tear. Therefore, a surgical lesion for repair does not exist. This case is primarily for impingement and therefore subacromial decompression guidelines are utilized. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 3/16/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 3/16/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the determination is not medically necessary.