

Case Number:	CM15-0072089		
Date Assigned:	04/22/2015	Date of Injury:	01/01/2009
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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

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 60-year-old female who sustained an industrial injury on 01/01/2009. The injured worker was diagnosed with herniated lumbar disc, right rotator cuff tear, cervical myofascial strain, bilateral carpal tunnel syndrome, bilateral knee sprain/strain and bilateral ankle sprain/strain. Treatment to date includes multiple diagnostic testing, shoulder surgery, lumbar epidural steroid injections times 3 (ESI), physical therapy and medications. The injured worker is status post arthroscopy with rotator cuff repair in May 2012 and the requested procedure in this review was performed on March 28, 2015. According to the primary treating physician's progress report on February 6, 2015, the injured worker continues to experience right shoulder pain with overhead activities. Examination of the right shoulder demonstrated tenderness to palpation over the greater tuberosity of the humerus with subacromial grinding and clicking. Range of motion was decreased and impingement test was positive. On April 2, 2015, the injured worker was evaluated status post right shoulder arthroscopy with right shoulder rotator cuff repair on March 28, 2015. Sutures were removed and the incision was noted to be well healed without signs of infection. Current medications were not documented. Treatment plan consists of medication refill and one-month return visit to start post op physical therapy. The current request is for pre-op surgical internal medicine clearance and right 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:

Pre-Operative Surgical Internal Medicine Clearance: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Right Shoulder Arthroscopy with Rotator Cuff Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter, Indications for Surgery - Rotator Cuff Repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for Rotator Cuff Repair.

Decision rationale: According to the CA MTUS/ACOEM, 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 2/6/15 do not demonstrate 4 months of failure of activity modification. Therefore, the request is not medically necessary.