

Case Number:	CM15-0076524		
Date Assigned:	04/28/2015	Date of Injury:	06/20/2008
Decision Date:	05/26/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/21/2015

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 60 year old female, who sustained an industrial injury on 6/20/2008. She reported twisting her right shoulder while lifting a trash bag. The injured worker was diagnosed as having status post right shoulder surgery in 2010 and recurrent rotator cuff tear with shoulder impingement syndrome. Treatment to date has included diagnostics, medications, and right shoulder arthroscopy with acromioplasty, extensive debridement, Mumford resection right distal clavicle, and mini open rotator cuff repair (10/13/2010). On 1/22/2015, the injured worker complained of severe right shoulder pain. Medications included Norco, Ibuprofen, and Zantac. Her height was 4'11" and weight was 200 pounds. Multiple diagnostics were referenced. The treatment plan included arthroscopy for the right shoulder, with SAD (subacromial decompression), extensive debridement, and possible revision for recurrent rotator cuff tear. On 3/05/2015, she continued to complain of right shoulder pain, rated 7/10. Current medication use was noted as Ibuprofen. The requested treatment was for the prior recommended surgical intervention (on 1/22/15) with post-operative physical therapy (2x4) for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with SAD, debridement, revision and 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 (ODG), Shoulder Chapter, Arthroscopy Section, Rotator Cuff Repair Section, Acromioplasty Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. 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. 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 1/22/2015 do not demonstrate 4 months of failure of activity modification. The physical exam from 1/22/2015 does not demonstrate relief from anesthetic injection. Therefore the determination is not medically necessary.

Postoperative physical therapy 2 times a week for 4 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.