

Case Number:	CM15-0077796		
Date Assigned:	04/29/2015	Date of Injury:	11/15/2011
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/23/2015

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 53 year old male, who sustained an industrial injury on 11/15/11. The injured worker was diagnosed as having rotator cuff tear of left shoulder, cervical and thoracolumbar spine, cervical and thoracolumbar spine chronic myofascial pain syndrome, bilateral carpal tunnel syndrome, medial epicondylitis with ulnar nerve entrapment at right elbow, NSAID induced gastritis and partial thickness tear of right shoulder. Treatment to date has included oral medications, activity restrictions, aqua therapy and home exercise program. Currently, the injured worker complains of pain in bilateral shoulders and frequent pain and numbness in both hands; also constant neck, upper and lower back pain rated 4-6/10 without medications and 1-2/10 with medications. Physical exam noted slightly restricted range of motion of cervical and lumbar spine, left scapular area was tender to palpation and multiple myofascial trigger points and taut bands were noted throughout cervical paraspinal musculature, trapezius, levator scapulae, scalene and infraspinatus as well as in the thoracic and lumbosacral paraspinal musculature. The treatment plan included trigger point injections, prescriptions for: Tramadol, Omeprazole and Wellbutrin SR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder surgery for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

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. In this case the MRI Right shoulder from 10/7/11 demonstrates only a focal area of partial thickness tearing, a lesion not typically regarded as having clear benefit from repair, therefore the request is not medically necessary.