

Case Number:	CM15-0090506		
Date Assigned:	05/14/2015	Date of Injury:	10/30/2009
Decision Date:	06/22/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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 56 year old female, who sustained an industrial injury on October 30, 2009. The injured worker was diagnosed as having cervical radiculopathy. Treatment to date has included psychiatric care, injections and topical and oral medication. A progress note dated March 30, 2015 the injured worker complains of neck, right shoulder and low back pain with increased left shoulder pain. She reports radiating numbness and tingling to the arms and legs. She reports sleep disturbance, urinary and sexual dysfunction, gastrointestinal (GI) upset and depression and anxiety. Physical exam notes cervical tenderness and increased lumbar lordosis. Range of motion (ROM) is decreased. There is left shoulder tenderness on palpation, decreased range of motion (ROM) and no shoulder instability. X-rays were reviewed. Shoulder x-ray revealed osteoarthritis. There is conflicting recommendation regarding left shoulder surgery. There is a request for surgery and related services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Orthopedic Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EBM Reference.

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

Decision rationale: CA MTUS/ACOEM Chapter 9 Shoulder, page 209, states that referral for surgical consideration be reserved for: Red flag conditions, Activity limitations for 4 months plus a surgical lesion, failure to improve range of motion plus a surgical lesion or clear demonstration on imaging of a lesion shown to benefit in short and long term from surgical repair. In this case, the office note from 3/30/15 does not demonstrate fulfillment of any of the above criteria as the worker has been stationary for year with stable symptoms. Therefore, the request is not medically necessary.

Associated Surgical Services: Pre-op surgical clearance and medical evaluation: Upheld

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

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

1 Left Shoulder Arthroscopic and Mini Open Cuff Decompression Repair, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, pages 209 and 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 physical exam from 3/30/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. The MRI of 7/1/13 does not demonstrate a rotator cuff tear. Based on the above, the request is not medically necessary.