

Case Number:	CM15-0092895		
Date Assigned:	05/19/2015	Date of Injury:	02/12/2015
Decision Date:	06/19/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/14/2015

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 59-year-old male with an industrial injury dated 02/12/2015 resulting in injury to his left shoulder. His diagnosis was traumatic rupture of biceps tendon. Physical therapy was recommended but submitted records do not contain information regarding if the injured worker had started therapy. Prior treatments included referral to orthopedics and medications. He presents on 03/11/2015 with continued symptoms of pain and limitation of use of the left arm. The provider documents the status of the injured worker's case is unchanged, pain is significant, and he has minimal ability in range of motion and pain in both anterior and posterior shoulder/arm on left. Left shoulder range of motion was decreased with swelling, tenderness, warmth and pain on palpation. His work status is documented as temporary total disability from work and full rest. His medications include cyclobenzaprine, ibuprofen, ketorolac and tramadol. MRI of the left shoulder dated 02/26/2015 showed near completely disrupted and retracted supraspinatus tendon. The treatment plan and request are for left shoulder arthroscopy, acromioplasty, AC resection, biceps tenodesis, and mini open 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, acromioplasty, AC resection, biceps tenodesis, and mini open rotator cuff repair: Upheld

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

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.

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 3/11/15 do not demonstrate 6 months of failure of activity modification. The request is therefore not medically necessary.