

Case Number:	CM15-0094941		
Date Assigned:	05/21/2015	Date of Injury:	11/04/2009
Decision Date:	06/25/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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 61 year old male, who sustained an industrial injury on November 4, 2009. He reported developing cumulative trauma injuries to his neck, back, and right shoulder as well as aggravated pain in his left shoulder and left upper extremity, with a left shoulder injury on November 3, 2009 cranking a trailer up with the landing gear. The injured worker was diagnosed as having chronic cervical strain and degenerative disc disease, persistent and recurrent left shoulder impingement syndrome and possible rotator cuff tear, and psychological reactive depression. Treatment to date has included MRI, x-rays, physical therapy, left shoulder surgery 2010, acupuncture, epidural injection, chiropractic treatments, and medication. Currently, the injured worker complains of frequently slight to intermittently severe pain and soreness in the neck with tension and muscular spasms, frequently slight to intermittently severe pain, soreness, aching, and weakness of the left shoulder radiating to the left bicep, left upper arm, and to the left side of the neck, and feelings of depression, frequent sadness, intermittent anger, short temper, lack of interest, racing thoughts, restlessness, and anxiety. The Primary Treating Physician's report dated March 9, 2015, noted the injured worker reported increased pain in the left shoulder, right shoulder, neck, and back with activities of daily living (ADLs). The injured worker's current medications were listed as Flexeril, Prilosec, Anaprox, Norco, Tramadol, Ambien, Ibuprofen, and prostate medication. Physical examination was noted to show moderate tenderness about the right and left paracervical muscles, with cervical spine range of motion (ROM) limited by 30%. The left shoulder examination was noted to show positive Neer and Hawkins impingement tests, with positive AC joint anterior and posterior stress tests. The treatment plan was noted to include a request for authorization for left shoulder surgery, and referral for psychiatric consultation and appropriate treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible rotator cuff repair: Upheld

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

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 this case, the MRI from 1/18/15 does not demonstrate a rotator cuff tear. Based on this, the CA MTUS guidelines are not satisfied and the request is not medically necessary.

Left shoulder subacromial decompression, distal clavicle resection: 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, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 3/9/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the determination is not medically necessary.