

Case Number:	CM15-0095819		
Date Assigned:	05/22/2015	Date of Injury:	08/04/2008
Decision Date:	06/26/2015	UR Denial Date:	04/28/2015
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 60-year-old female, who sustained an industrial injury on 08/04/2008. She has reported injury to the neck, bilateral shoulders, and upper back. The diagnoses have included bilateral shoulder impingement; cervical radiculopathy; status post right distal radius fracture. Treatment to date has included medications, diagnostics, bracing, injections, acupuncture, chiropractic treatment, and physical therapy. Medications have included Norco, Restoril, and Prilosec. A progress note from the treating physician, dated 04/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued pain in the right shoulder and right hands; pain is rated at 7/10 on the pain scale without medications, and rated 5/10 with medications; and with the medications, she goes to sleep and she cannot do anything with her hands. Objective findings included facet tenderness, spasm, pain, and decreased range of motion of the cervical spine; tenderness to palpation over the cervicotrachezial ridge; decreased sensation on the right at C6-7; positive impingement sign of the bilateral shoulders; restricted right shoulder range of motion; tenderness to palpation over the right acromioclavicular joint; right wrist and hand reveal decreased grip strength; tenderness to palpation over the right wrist as well as hyper sensitivity at palmar/volar/dorsal right hand and wrist; and tenderness to palpation at the triangular fibrocartilage complex and ulnar right wrist pain with ulnar deviation is present. The treatment plan has included the request for open decompression and rotator cuff repair of the right shoulder, outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open decompression and rotator cuff repair of the right shoulder, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211, Chronic Pain Treatment Guidelines Page(s): 24, 68, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter, criteria for rotator cuff repair.

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 only imaging provided is an MRI from 2012, which does not demonstrate a rotator cuff tear. Based on this the request for repair is not medically necessary.