

Case Number:	CM15-0099410		
Date Assigned:	06/01/2015	Date of Injury:	04/14/2012
Decision Date:	06/29/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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
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 62 year old male who reported an industrial injury on 4/14/2012. His diagnoses, and/or impressions, are noted to include: left > right shoulder pain, status-post bilateral rotator cuff repair surgeries. Recent magnetic resonance imaging studies with arthrogram were stated to have been done on 2/10/2014. His treatments have included attempts for multiple injection therapies for the left shoulder, which were denied; medication management; and modified work duties. The progress notes of 3/31/2015 reported bilateral shoulder pain, left > right, status-post left shoulder rotator cuff repair and Mumford procedure in 6/22/2012, with revision in 3/4/2013; and right shoulder rotator cuff repair surgery on 7/22/2013. The objective findings were noted to include slight tenderness to both shoulders, left > right; symmetric but painful and decreased range-of-motion to both shoulders; and positive equivocal impingement I & II and Hawkins test on the left, which were negative on the right. The physician's requests for treatments were noted to include left shoulder arthroscopy with the Tenex procedure to treat the left shoulder since the PRP and Kenalog injections had been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with tenex procedure: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation ODG Shoulder section, surgery for rotator cuff repair.

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 3/31/15 do not demonstrate 4 months of failure of activity modification or formal MRI report of the shoulder. Therefore, the request is not medically necessary.