

Case Number:	CM13-0002510		
Date Assigned:	11/27/2013	Date of Injury:	09/06/2011
Decision Date:	01/21/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services.

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 patient is a 67-year-old female who was injured on 09/06/11 sustaining injury to the left shoulder. Following a course of conservative care on 05/21/12, she underwent a rotator cuff repair, subacromial decompression, biceps tenotomy and Mumford procedure. Postoperatively, she was with continued complaints of pain. A 06/14/13 MRI report of the left shoulder showed a re-tear to the anterior supraspinatus tendon measuring 2.1 x 2 cm with retraction. The tendon was noted to look atrophied. Clinical assessment with treating physician, [REDACTED] on 06/21/13 followed up from the MRI report stating the claimant could perform a variety of postoperative options including 1. Do nothing, 2. Occasional use of nonsteroidal medications and corticosteroid injections, or 3. A revision repair with the understanding that due to the retraction and atrophy, there was a 50% chance of success. Recommendations were made for surgical intervention at that time to include a revision rotator cuff repair procedure. Understanding of recent conservative care since time of operative intervention was noted to have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy revision and rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th. Edition, 2013 Updates: Shoulder procedure.

Decision rationale: Clinical criteria based on California ACOEM Guidelines does not specifically address revision rotator cuff repairs. When looking at Official Disability Guidelines, revision rotator cuff repair is recommended when re-tearing is noted, but indicates that selection criteria should include patients with intact glenoid origin, good quality rotator cuff tissue and only one prior procedure. The argument could be made in this case that the claimant does not have quality rotator cuff tissue based on her significant retraction of 2 cm and significant atrophy at end portions of rotator cuff. Given the nature of her clinical findings and MRI findings in the postoperative setting, the role of surgical intervention based on her poor quality rotator cuff tissue would not be supported.