

Case Number:	CM13-0023258		
Date Assigned:	12/18/2013	Date of Injury:	10/23/2012
Decision Date:	03/28/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/12/2013

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 least at 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old injured in a work-related accident on 10/23/12. The clinical records specific to the claimant's left shoulder indicated that he previously underwent an arthroscopy, rotator cuff repair, biceps tenodesis, and subacromial decompression on 2/27/13. Post-operatively, there was documentation of greater than 35 sessions of physical therapy with continued complaints of discomfort. A post-operative MRI scan of the left shoulder performed on 8/28/13 showed evidence of partial bursal surface tearing as well as full thickness fissuring to the central mid-portion of the supraspinatus status post rotator cuff repair with a small posterior labral irregularity, cartilage change of the glenohumeral joint, and post-operative changes to the biceps and acromion consistent with surgical procedure. Given the claimant's ongoing clinical complaints and MRI findings, a revision surgical process including rotator cuff repair and grafting was recommended as further 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on California MTUS ACOEM Guidelines, the surgical request for possible rotator cuff tear in this case cannot be supported. The need for revision rotator cuff repair based on absent physical examination findings coupled with the MRI findings that appear to be consistent with post-surgical changes from the previous repair would fail to necessitate the role in this case.

Possible open with Grafting to Rotator Cuff: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, grafting for rotator cuff repair is not clinically indicated. Official Disability Guideline criteria do not recommend the role of grafting in any clinical setting. There is no documentation to support that this claimant would be an exception to the above rule. The specific request is not supported

Breg Exercise kit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of an exercise kit for purchase for post-operative use would not be indicated. The need for operative intervention in this case has not yet been established thus negating the need for this post-operative exercise kit.

Cold Therapy Unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a cryotherapy device for purchase would not be indicated as the primary procedure cannot be recommended as medically necessary.