MAXIMUS Federal Services

Case Number:	CM13-0024025		
Date Assigned:	11/20/2013	Date of Injury:	03/29/2006
Decision Date:	01/29/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/13/2013

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. 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:

The claimant is a 50-year-old gentleman who was injured in a work related accident on March 29, 2006. The clinical records include a July 23, 2013 assessment with [redacted], orthopedic surgeon where the claimant was noted to be with residual right shoulder pain with objective findings showing restricted range of motion at 90 degrees of flexion and abduction, diminished Jamar grip strength testing and no other formal findings noted. It states reviewed at that time was an MRI scan that showed a "Fifty percent tear of the rotator cuff". Recommendations at that time were for an acute right shoulder rotator cuff repair with the role of an assistant surgeon. Reviewed was a July 12, 2012 MR arthrogram of the right shoulder that showed tendinopathy, intrasubstance changes to the supraspinatus resulting in 50% partial tearing of the articular surface side of the tendon. Prior treatment is noted to have included medications, subacromial corticosteroid injection and therapy. Recommendations at present are for a rotator cuff repair procedure be performed arthroscopically with the use of an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon; Right Shoulder Arthroscopy with Rotator Cuff Repair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines(OMPG), Shoulder and Milliman Care Guidelines, 17th Edition; Assistant Surgeon

Decision rationale: Based on California ACOEM Guidelines and supported by Milliman Care Guidelines, the role of shoulder surgery in this case would not be indicated. While rotator cuff repair is being requested arthroscopically, Guidelines indicate that for partial thickness tears or small thickness tears presenting as impingement, surgery should be reserved for cases failing three months of conservative measures. Surgical request in this case from July 2013 fails to demonstrate recent conservative care utilized. Documented injection in this case took place in 2012. The lack of clinical support for recent conservative measures would fail to necessitate the role of acute surgical intervention for this partial thickness rotator cuff tear. Milliman Care Guidelines also would not indicate the role of an assistant surgeon for any degree of arthroscopic procedure to the shoulder. This would include rotator cuff repair as requested in this case.