

Case Number:	CM13-0032330		
Date Assigned:	12/11/2013	Date of Injury:	03/22/2013
Decision Date:	05/21/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert 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 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/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 64-year-old gentleman who was injured in a work-related accident, March 22, 2013. The clinical records available for review in this case include a recent assessment of August 13, 2013 indicating the claimant was with a diagnosis of right shoulder pain with a chronic massive irreparable rotator cuff tear based on previous imaging. It states that he has failed conservative measures at that time when he was seen by [REDACTED]. His physical examination showed significantly diminished range of motion and weakness. He indicated that the claimant was with a chronic irreparable rotator cuff tear. Treatment options were limited. He recommended an arthroscopic resurfacing of the superior humeral head for treatment in this case. Previous imaging included an MRI of the right shoulder, dated May 22, 2013 that showed a full-thickness retracted tear to the supraspinatus and infraspinatus tendon with significant atrophy, as well as atrophy with partial tearing to the subscapularis, degenerative changes of the acromioclavicular joint and glenohumeral joint, a right glenohumeral joint effusion, and tendinosis of the long head of the biceps. Further clinical records beyond the August 13, 2013 assessment were not noted. [REDACTED] indicates, however, that he is doubtful that the resurfacing procedure will allow the claimant to better perform work activities or functional tasks.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR THE RIGHT SHOULDER ARTHROSCOPIC SUPERIOR HUMERAL RESURFACING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter, Arthroplasty

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

Decision rationale: Based on Official Disability Guideline criteria, as MTUS guidelines are silent, the role of resurfacing arthroplasty of the humeral head would not be indicated. The treating physician himself indicates that the surgical process would not improve the claimant's work performance, function, or tasks, as it would not significantly improve his overall function. While this may ultimately benefit the claimant from a pain perspective, his chief complaint is that of functional deficit. The role of the surgical process, as requested, is not medically necessary and appropriate.

DECISION FOR POST -OPERATIVE ULTRA SLING: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DECISION FOR POST-OPERATIVE PHYSICAL THERAPY TIMES 8: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.