

Case Number:	CM13-0034530		
Date Assigned:	12/11/2013	Date of Injury:	04/20/2012
Decision Date:	03/26/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/15/2013

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:

The patient is a 46-year-old female who reported an injury on 04/20/2012 due to a trip and fall that reportedly caused injury to her low back, cervical spine, and right shoulder. The treatments have included medications, a back brace, chiropractic manipulation, work conditioning, physical therapy, acupuncture, and shock wave therapy. The patient underwent an MRI of the right shoulder, which documented that the supraspinatus and infraspinatus tendons were intact with a normal appearance. There was evidence of superior labrum myxoid degeneration, small subacromial/subdeltoid bursal effusion. Patient's most recent clinical examination of the right shoulder included tenderness over the acromioclavicular joint, a positive Neer test, positive tenderness over the biceps tendon, a positive drop test, a positive Hawkins sign, limited range of motion, and 4/5 strength of the right upper extremity. Patient's diagnoses included rotator cuff tear, a superior glenoid labrum lesion, and joint stiffness of the shoulder. The patient's treatment plan included open cuff repair surgery for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open cuff repair of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 210-211.

Decision rationale: The requested open cuff repair to the right shoulder is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends surgical intervention for injuries that are clearly identified by clinical examination and supported by imaging study that have failed to respond to physical therapy and significantly limit the patient's functional capabilities. The clinical documentation submitted for review does not provide any evidence that the patient's functional capabilities are significantly limited and would require surgical intervention. Additionally, the American College of Occupational and Environmental Medicine recommend arthroscopic decompression for patients with partial thickness or small full thickness tears. The clinical documentation submitted for review does not provide any evidence that the patient has a rotator cuff tear. The imaging study concluded that the infraspinatus and supraspinatus were intact. Therefore, the need for an open rotator cuff repair is not supported. As such, the requested open cuff repair of the right shoulder is not medically necessary or appropriate.

An assistant surgeon: 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.

Post-op physical therapy (12 sessions): 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.