

Case Number:	CM13-0035496		
Date Assigned:	12/13/2013	Date of Injury:	03/20/1998
Decision Date:	02/21/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 patient is a 72-year-old female with a right shoulder massive rotator cuff tear. Records indicate that the patient has undergone two prior right shoulder surgeries in 2001 and 2005. The most recent MRI of the right shoulder from 09/05/13 noted a massive retracted rotator cuff tear with severe atrophy; atrophy of both the supraspinatus and infraspinatus muscles. The humeral head is noted to be high riding, all of which suggest a diagnosis of rotator cuff arthropathy. Notably, at the time of the 2005 right shoulder surgery, the patient's rotator cuff repair was deemed irreparable. The current request includes a third right shoulder surgery with possible rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder decompression, debridement, poss. Labral repair, poss. RCR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 210-211, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG shoulder; Postop Guide

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

Decision rationale: The requested third right shoulder surgery cannot be deemed medically necessary based on the information provided. Records suggest that the patient was noted to have an irreparable tear eight years ago. Accordingly, it would make no sense to attempt another repair at this time, especially in the presence of the chronic rotator cuff arthropathy noted by radiographs and MRI. Specifically, the patient's radiological studies with severe atrophy of the rotator cuff and a high riding humeral head would contraindicate the requested operation. Any attempt at surgical fixation of the rotator cuff would seem destined to fail in this setting, as the rotator cuff was deemed irreparable many years ago. Therefore, the requested surgical services are not medically necessary or appropriate.

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-operative physical therapy for the right shoulder (2 times per week for 6 weeks):
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.

Keflex 500mg #12 - 1 cap after meals 4 times per day: 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.

Zofran 4mg - 1 every 4-6 hours for nausea: 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.

Ibuprofen 600mg #90 - 1 with food 3 times per day: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG shoulder; Postop Guide

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: NSAIDS.

Decision rationale: The request for Ibuprofen may be considered separately from the other requested services. Judicious use of Ibuprofen as conservative treatment may be reasonable in this setting for this patient who does not appear to be an appropriate surgical candidate. Therefore, the requested Ibuprofen is medically necessary and appropriate.

Colace 100mg #10 - 1 cap twice per day: 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.

Norco 7.5/325 #50 - 1-2 every 4-6 hours for pain: 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.

Vitamin C 500mg #60: 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.