

Case Number:	CM13-0043682		
Date Assigned:	12/27/2013	Date of Injury:	08/05/2011
Decision Date:	04/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/10/2013

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:

Patient is a 63 year old male with an industrial injury on 8/5/11. The patient is post decompression of the right brachial plexus and ulnar nerve in March 2012 and status post C4-C7 ACDF in May 2012. The patient received a cortisone injection into the right subacromial space on 6/7/13. An MRI from 7/16/13 demonstrates a focal full-thickness rotator cuff tear of the supraspinatus 7-8mm anterior posterior in distribution. Mild to moderate focal tendinosis is observed involving the superior fibers of the subscapularis insertion. A superior labral anterior posterior tear from the bicepital labral ligamentous complex posteriorly. There were findings consistent with subacromial rotator cuff impingement. Exam notes from 10/1/13 demonstrate patient has pain and discomfort in his shoulders. Exam reveals full passive and active range of motion. Neer's, Hawkins', Jobe's, O'Brien's, Speed's and drop arm test are all positive. Diagnosed with right rotator cuff tear, capsular labral insufficiency and subacromial impingement. Request for right shoulder arthroscopic rotator cuff repair, capsulorrhaphy, decompression and Mumford procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC ROTATOR CUFF REPAIR, CAPSULORRAPHY, DECOMPRESSION AND MUMFORD PROCEDURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: In this case, there is insufficient evidence in the records documenting failure of conservative management for 3-6 months. Therefore the determination is for non-certification per the ACOEM and ODG criteria.

PRE-OP CLEARANCE: 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: As the surgical procedure is non-certified, the request for preoperative clearance is non-certified.

PRE-OP LABS (CBC, CMP, CXR, BKG): 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: As the surgical procedure is non-certified, the request for preoperative labs is non-certified.

POST-OP PHYSICAL THERAPY 2X6 VISITS: 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: As the surgical procedure is non-certified, the request for postoperative physical therapy is non-certified

CPM: 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: As the surgical procedure is non-certified, the request for CPM is non-certified.

COLD THERAPY UNIT: 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: As the surgical procedure is non-certified, the request for cold therapy unit is non-certified.

ARTHREX ANCHORS: 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: As the surgical procedure is non-certified, the request for arthrex anchors is non-certified.