

Case Number:	CM13-0045583		
Date Assigned:	12/27/2013	Date of Injury:	11/10/2011
Decision Date:	03/07/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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 Texas. 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:

This is a 40-year-old male who sustained injury on 11/10/2011 while he was on a ladder working as an electrician when he was electrocuted and fell down sustaining injury to his right shoulder and left hand. He was seen by an orthopedic surgeon for a large rotator cuff tear with retraction and had right shoulder surgery on 04/24/2012. Subsequently, he had a revision rotator cuff repair on 12/02/2012. Postoperatively, on 02/06/2013, he was seen by [REDACTED] and was noted to be doing fair. He has been on physical therapy. On exam, right shoulder ROM limited to 100 forward flexion, incisions healed, and sensation intact distally as well as axillary patch. Plan was to continue physical therapy. A note dated 05/09/2013 indicates his right shoulder ROM was better with forward flexion 150 with some catching with ER and recommended continuation of physical therapy. After 8 months postop revision rotator cuff repair, he followed up with [REDACTED] with right shoulder ROM much better with forward flexion 180, but the catching with ER is even more painful. Supraspinatus strength was 4-/5 and 5-/5 ER. He was recommended MRI of the right shoulder which was performed on 08/16/2013 that showed, "rotator cuff reconstructive surgical changes with moderate to marked attenuation of the cuff, partial-thickness bursal surface supraspinatus tear in the subacromial region, and a near full-thickness distal tears. Ossification within the subacromial segment and significant muscle atrophy also noted. No full-thickness rotator cuff tear or retraction is identified. Posterior labral degenerative changes." A follow up note dated 11/12/2013 indicates after reviewing the MRI results he was recommended third surgery to repair the rotator cuff. The current request is for right shoulder revision arthroscopic rotator cuff repair, assistant surgeon and post-op. physical therapy two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

right shoulder revision arthroscopic rotator cuff repair with an assistant surgeon:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209-211.

MAXIMUS 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, Surgery for rotator cuff repair

Decision rationale: This patient is a 40 year old laborer who failed 2 prior attempts at rotator cuff repair. He underwent a full course of postoperative physical therapy following his second revision surgery in December 2012. The records indicate that he meets ODG criteria for rotator cuff repair for full OD partial thickness repair. He failed a 1 year course of conservative treatments including physical therapy and work restriction. He had subjective clinical findings with night pain and limited arc of motion. Objectively, he had weakness in abduction and persistent tenderness. His MRI demonstrated near full thickness distal tears in the rotator cuff; however, MRI imaging after a repair can be very difficult to accurately identify the rotator cuff. With the benefit of an operative report near the end of the submitted records from 12/2013 that found a large recurrent rotator cuff tear, the decision to proceed with the revision is supported. The clinical notes demonstrate a clear desire for this patient to return to work during the year prior to surgery, and the persistent mechanical symptoms and pain prevented him from doing so. The ODG does not clearly advise in the setting of multiple revisions; however, a 40 year old laborer with persistent mechanical symptoms warrants aggressive treatment to restore function. A cuff deficient shoulder in a young active laborer predisposes the shoulder to progressive loss of function, worsening pain, and eventually a cuff tear arthropathy. The ODG does not specify the need for an assistant surgeon. A massive revision rotator cuff repair, however, is a complex and technically difficult procedure even in the most experienced hands. For this reason, the use of an assistant surgeon is supported.

Postoperative physical therapy (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postoperative physical therapy is supported by the guidelines. Postsurgical treatment guidelines for rotator cuff allow for 40 visit over 16 weeks. Given that the patient already underwent a massive revision repair, it is reasonable to allow the patient to benefit from the full course requested to maximize his chances for success.