

Case Number:	CM13-0046159		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2013
Decision Date:	05/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Philadelphia. 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 52-year-old male with an injury date of 07/17/13. Complaints apparently consist of rotator cuff tendinopathic, impingement syndrome, and bursitis. The report of an MRI performed on 07/25/13 documented rotator cuff tendinopathic, but no full thickness or near full thickness tear. There is an interpretation by attending physician of having a near full thickness tear per his interpretation of the MRI. Conservative treatment has included physical therapy. He does not appear to have taken any medications or received any injection as part of his treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION, ROTATOR CUFF REPAIR, POSSIBLE BICEPS TENODESIS/EXCISE TISSUE AS NEEDED: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: Given to persistent symptomatology and treatment of physical therapy, it is reasonable to proceed with surgical intervention as described.

8 POST OP SESSIONS OF SCRAP BASED REHAB: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postoperative sessions of scapular based rehabilitation at eight sessions would be reasonable and appropriate.

1 PRE OP MEDICAL CLEARANCE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Given that this claimant is over 50-years of age, preoperative medical clearance is indicated and supported by CA ACOEM Guidelines.

1 ASSISTANT SURGEON: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th Edition: Assistant Surgeon.

Decision rationale: The CA MTUS and ACOEM Guidelines do not address the services of an assistant surgeon. Based upon the Millimann Care Guidelines, an assistant surgeon is not necessary, nor was it appropriate, given the presumptive diagnosis of rotator cuff tearing versus tendinopathic.

POST OP OSSUR SHOULDER SLING: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: The CA ACOEM Guidelines recommend the use of a sling for treatment of rotator cuff tears. Therefore, the postoperative use of an Ossur is appropriate following this surgical procedure.

COMPRESSION THERAPY TIMES ONE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp: 18th Edition; 2014 Updates: Chapter Shoulder, Cold Compression Therapy.

Decision rationale: The CA ACOEM Guidelines recommend at home applications of ice packs. The Official Disability Guidelines do not recommend cold compression therapy for the shoulder. Therefore the request for compression therapy is not medically necessary for postoperative treatment.