

Case Number:	CM13-0046976		
Date Assigned:	03/28/2014	Date of Injury:	12/06/2011
Decision Date:	05/23/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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:

The claimant is a 69-year-old gentleman who was injured on December 6, 2011 sustaining injury to the left shoulder. Clinical records available for review include an MRI report from July 5, 2012 demonstrating full thickness tearing to the distal supraspinatus tendon with interval signal change to the biceps tendon and moderate glenohumeral and acromioclavicular joint degenerative arthritis. The clinical follow-up of September 25, 2013 indicated the claimant was with continued complaints of pain about the left shoulder. It states one year prior, he underwent a rotator cuff repair that went on to develop infection and ultimate removal of anchors. Further clinical follow-up showed limited strength with diminished forward flexion and internal rotation with positive Neer and Hawkins testing. His working assessment was that of atrophy with prior history of infection following rotator cuff repair. Surgical process to include a possible open rotator cuff repair with arthroscopic acromioplasty was recommended for further management. There is no documentation of postoperative imaging available for review other than the 2012 MRI scan that was noted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LEFT SHOULDER ARTHROSCOPIC ACROMIOPLASTY, POSSIBLE OPEN REPAIR: Upheld

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): 207-208,210. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE.

Decision rationale: California ACOEM Guidelines states indications, "Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair."The claimant was noted to be with a complex history from time of initial rotator cuff repair that included a subsequent second surgery for infection. While there is noted to be continued complaints of physical examination findings, there is no indication of postoperative imaging available for review for further documentation of assessment of the claimant's rotator cuff. Given the claimant's history of advanced degenerative arthritis and significant atrophy that was already present at time of initial rotator cuff repair, the absence of documentation of imaging would fail to acutely necessitate the role of revision repair in this individual whose rotator cuff has already been compromised by infection and prior surgery.

POST-OP PHYSICAL THERAPY SESSIONS, QTY: 24: 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.