

Case Number:	CM13-0056730		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2012
Decision Date:	04/10/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 55-year-old female who was injured in a work related accident on 05/04/12. The clinical records provided for review revealed an operative report dated 05/08/13 for an arthroscopic rotator cuff repair and subacromial decompression. Postoperatively, there was a follow up orthopedic assessment on 10/31/13 that documented that a postoperative MRI of 10/22/13 showed re-tearing of supraspinatus, which had been treated surgically and mild AC joint degenerative change. Physical examination on that date showed full range of motion, no tenderness, but weakness with strength. Working diagnosis was re-tearing to the rotator cuff as conformed by MRI scan showing an acute, full thickness tear. The recommendation was made for revision rotator cuff repair with use of a perioperative platelet rich plasma injection for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPAIR OF RUPTURED MUSCULOTENDINOUS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: shoulder procedure - Surgery for rotator cuff repair

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: shoulder procedure - Surgery for rotator cuff repair

Decision rationale: The California MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines in regards to revision rotator cuff repair support the procedure but note that revision repair does provide statistical likelihood of a more difficult recovery and less satisfactory outcome. Based upon documentation that only one prior rotator cuff repair has been performed in this case, the request for an acute revision repair, given the claimant's clear documentation of re-tearing to the rotator cuff on postoperative MRI would appear to be medically necessary.

INJECTIONS, PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION: 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) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Platelet-rich plasma (PRP)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Platelet-rich plasma (PRP)

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines do not recommend the use of PRP in any form in the shoulder. Therefore, the use of PRP injection to the shoulder to be performed at the time of operative intervention would not be supported. This specific request in the perioperative period in this case would not be indicated.