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| Case Number: | CM13-0057601 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/20/2012 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 11/08/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

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:

This is a 58-year-old who sustained a right shoulder injury on January 20, 2012. The clinical records for review document that following a course of conservative care, a right shoulder arthroscopic rotator cuff repair was performed on May 7, 2012. Post surgery the claimant had a significant course of physical therapy for rehabilitation. Due to increased complaints of post-operative discomfort, a repeat MRI scan was performed on April 19, 2013 that identified tendinosis of the articular surface of the anterior fibers of the supraspinatus but no definitive re-tearing of the rotator cuff. The follow up report dated September 12, 2013 described continued complaints of pain. Objectively, there was pain at the end points of range of motion, rotator cuff strength was good and there was no documented weakness. The claimant's diagnosis was rotator cuff repair with residual pain and limited activity. The recommendation was revision arthroscopy, subacromial decompression, and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

One repeat right shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Based on the Shoulder Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, the role of repeat arthroscopy would not be indicated. While the records indicate previous rotator cuff repair, post-operative care has included physical therapy, medications, and activity restrictions. There is no documentation of a post-operative injection having been performed. The specific reason for surgery is for the diagnosis of impingement. When looking at the ACOEM Guidelines with regard to surgery for impingement, it recommends six months of conservative care including injection therapy. The request for right shoulder arthroscopy is not medically necessary or appropriate.

One repeat right shoulder subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Based on the Shoulder Complaints Chapter of the ACOEM Practice Guidelines, the role of repeat arthroscopy and subacromial decompression would not be indicated. While the records indicate previous rotator cuff repair, post-operative care has included physical therapy, medications, and activity restrictions. There is no documentation of a post-operative injection having been performed. The specific reason for surgery is for the diagnosis of impingement. When looking at the ACOEM Guidelines with regard to surgery for impingement, it recommends six months of conservative care including injection therapy. The request for right shoulder subacromial decompression is not medically necessary or appropriate.

One repeat shoulder debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Based on the Shoulder Complaints Chapter of the ACOEM Practice Guidelines, the role of repeat arthroscopy and subacromial decompression would not be indicated. While the records indicate previous rotator cuff repair, post-operative care has included physical therapy, medications, and activity restrictions. There is no documentation of a post-operative injection having been performed. The specific reason for surgery is for the diagnosis of impingement. When looking at the ACOEM Guidelines with regard to surgery for impingement, it recommends six months of conservative care including injection therapy. The request for right shoulder debridement is not medically necessary or appropriate.