

Case Number:	CM13-0061495		
Date Assigned:	12/30/2013	Date of Injury:	09/11/2011
Decision Date:	05/07/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/05/2013

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 49-year-old male private caregiver sustained an industrial injury on 9/11/11 attempting to prevent a patient from falling. The patient underwent right shoulder arthroscopy with arthroscopic Bankart capsulorrhaphy, subscapularis rotator cuff tendon repair, supraspinatus rotator cuff tendon repair, debridement, complete synovectomy, subacromial decompression, and distal clavicle resection on 9/13/13. The patient slipped and fell onto the floor, directly striking the right shoulder shortly after his first post-op visit. The 10/20/13 right shoulder MRI documented a recurrent tear of the subscapularis tendon with interval worsening in moderate to severe atrophy of the subscapularis muscle, intact anterior inferior labral repair, chronic-appearing tear of the biceps tendon, and moderate fluid and synovial irregularity finding suggestive of bursitis. The 11/11/13 treating physician report indicated that the patient had a marked increase in right shoulder pain and swelling after the fall. The patient was 8 weeks status post complex right shoulder arthroscopy with apparent recurrent subscapularis rotator cuff tear. This is a full-thickness tear with some retraction. Exam findings documented well-healed wounds, significant internal weakness with positive belly-press test, and intact neurologic exam. The treating physician opined concern regarding early surgical intervention as the patient had a great deal of synovitis pre-operatively and he would be at significant risk for post-operative stiffness. The treatment plan recommended an initial conservative approach with physical therapy and see how the patient progresses. There was a strong likelihood that the patient was going to require a revision repair of the new subscapularis tendon tear. The 11/14/13 treating physician note indicated that the patient called and wanted to proceed with the surgery. A request for right shoulder revision rotator cuff repair with pre-op appointment, post-op appointments with fluoroscopy, post-op physical therapy, durable medical equipment, and medications was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER REVISION ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER, SURGERY FOR ROTATOR CUFF REPAIR

Decision rationale: The Official Disability Guidelines generally recommend that surgery for small full-thickness tears be reserved for cases failing conservative treatment for 3 months. For revision, the ODG state that the patient selection criteria should include patients with an intact deltoid origin, good quality rotator cuff tissue, pre-operative elevation above the horizontal, and only one prior procedure. Guidelines criteria were not met. The provider expressed concern for early surgical intervention for revision given the pre-operative findings of synovitis and recommended a trial of conservative treatment. Prior to initiation of conservative treatment, the patient requested surgery. There is no documentation that detailed comprehensive non-operative treatment had been tried and had failed. Therefore, this request for right shoulder revision rotator cuff repair is not medically necessary and appropriate.

PRE OPERATIVE APPOINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, section on Surgery for rotator cuff repair

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4 POST OPERATIVE APPOINTMENTS WITHIN GLOBAL PERIOD WITH FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, section on Surgery for rotator cuff repair

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

12 POST OPERATIVE THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, section on Surgery for rotator cuff repair

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

2 WEEK GAME READY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, section on Surgery for rotator cuff repair

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, section on Surgery for rotator cuff repair

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

NAPROXEN 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, section on Surgery for rotator cuff repair

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, section on Surgery for rotator cuff repair

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ZOFRAN 8MG #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, section on Surgery for rotator cuff repair

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

COLACE 100MG #20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, section on Surgery for rotator cuff repair

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SHOULDER IMMOBILIZER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, section on Surgery for rotator cuff repair

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.