

Case Number:	CM13-0072045		
Date Assigned:	01/08/2014	Date of Injury:	03/02/2012
Decision Date:	05/30/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 65-year-old gentleman who, on 3/2/12, injured his right upper extremity while lifting an engine. The injury resulted in right shoulder complaints for which the claimant underwent right shoulder rotator cuff repair with subacromial decompression on 05/18/12 performed by [REDACTED]. [REDACTED]. Following surgery, the individual treated with a course of formal physical therapy but continued to have pain and discomfort. The report of a post-operative arthrogram on 7/12/13 showed an intact rotator cuff repair, post-surgical changes in the form of acromioplasty and underlying degenerative arthrosis. A follow up visit with [REDACTED] on 11/12/13 documented continued complaints of shoulder pain, pain at night and difficulty sleeping. Examination showed 130 degrees of forward flexion, weakness with external rotation, and discomfort at the biceps. There were positive impingement signs. [REDACTED] recommended revision shoulder arthroscopy with subacromial decompression, biceps tenodesis, and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY WITH DEBRIDEMENT, BICEPS, TENODESIS, POSSIBLE ROTATOR CUFF REPAIR: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Surgery for ruptured biceps tendon (at the shoulder).

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines, revision surgery in this setting would not be indicated. The report of the claimant's post-operative arthrogram demonstrated post-surgical findings as well as an intact rotator cuff. At this short interval from the initial surgical process, the postoperative imaging results, and limited documentation of conservative care, the need for revision procedure to include a rotator cuff repair and biceps tenodesis would not be indicated. There is no indication on imaging of recurrent or interval rotator cuff tearing since the time of initial surgical process.

ASSISTANT SURGEON: 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.

PRE-OP MEDICAL CLEARANCE: 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.

PRE-OP LABS (CBC,CMP,PT, PTT, US): 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.

PRE-OP EKG: 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.

POST-OP SHOULDER SLING: 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 items/services are medically necessary.

COLD THERAPY UNIT: 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 items/services are medically necessary.