

Case Number:	CM14-0000497		
Date Assigned:	01/10/2014	Date of Injury:	02/01/2004
Decision Date:	04/07/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 58-year-old male short/long haul truck driver sustained an initial left shoulder injury in 2004. He continued to work full duty and reported a subsequent ripping sensation in the left bicipital region where it attaches to the elbow in early 2013. Physical therapy treatment was provided with minimal improvement. The 6/13/13 left shoulder MRI demonstrated a complete tear of the supraspinatus, almost complete tear of the infraspinatus, partial tear of the subscapularis tendon, and full thickness biceps tear in the intra-articular area. EMG/NCV on 6/23/13 revealed moderate carpal tunnel syndrome and moderate cubital tunnel syndrome. The left elbow MRI on 6/27/13 documented complete rupture of the biceps tendon with retraction. The 8/20/13 orthopedic evaluation documented constant mild grinding left shoulder pain radiating to the neck, and constant moderate left elbow pain radiating to the fingers. The patient was not taking any medications. Left shoulder range of motion testing demonstrated 170 degrees flexion, 160 degrees abduction, 80 degrees internal rotation and 60 degrees of external rotation. Left shoulder strength was 5-/5 in flexion, abduction and external rotation. Good biceps strength was reported. The orthopedist stated that there was "unbelievably" good left shoulder and elbow range of motion and strength. The main symptomatology was pain, numbness and tingling from the cubital tunnel and carpal tunnel syndromes. The patient was working normal duties. The 12/13/13 appeal cited moderate left shoulder subacromial tenderness, pain with resisted flexion and external rotation, and positive impingement sign. The orthopedist documented the history of injury and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for left shoulder mini open RTC Repair, with anchors and decompression:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, surgery for rotator cuff repair section

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 request under consideration is for a left shoulder mini-open rotator cuff repair with anchors and decompression. MTUS guidelines do not address shoulder surgery for chronic injuries. The Official Disability Guidelines recommend rotator cuff repairs for significant tears that impair activities by causing weakness of arm elevation or rotation but state that surgery is not indicated for patients with mild symptoms or who have no limitation in activities. Guideline indications typically require shoulder pain and inability to elevate the arm, weakness with abduction testing or atrophy of shoulder musculature, and MRI evidence of rotator cuff deficit. Guideline criteria have been met. There is persistent shoulder pain and imaging evidence of significant rotator cuff tears. There is a persistently painful fully torn rotator cuff and proximal biceps in this active truck driver (despite the retained motion and strength, continued ability to work and without regular med. usage). The request for left shoulder mini-open rotator cuff repair with anchors and decompression is therefore medically necessary.

request for Sling with Abduction Pillow for the left shoulder post-op: 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) Shoulder, Postoperative abduction pillow sling

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling

Decision rationale: The request under consideration is for a sling with abduction pillow for the left shoulder post-op. The California MTUS are silent regarding post-op abduction pillow slings. The Official Disability Guidelines state that these slings are recommended as an option following open repair of large and massive rotator cuff tears. A mini-open repair of the fully torn rotator cuff and proximal biceps is medically necessary. Guideline criteria have been met for the use of this post-op sling, for repair and pain control post-op. Therefore, this request for a sling with abduction pillow for the left shoulder post-op is medically necessary.

request for physical therapy (PT) 2 times a week for a total of 24 visits for the left shoulder post-op: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The request under consideration is for physical therapy (PT) 2 times a week for a total of 24 visits for the left shoulder post-op. The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. A mini-open repair of the fully torn rotator cuff and proximal biceps is planned. Guideline criteria have been met. Therefore, this request for physical therapy (PT) 2 times a week for a total of 24 visits for the left shoulder post-op is medically necessary

request for Cold Therapy Unit x 4 weeks rental for the left shoulder post-op: 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) Shoulder, Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy

Decision rationale: The request under consideration is for cold therapy unit rental for 4 weeks for the left shoulder post-op. The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines do not recommend cold compression therapy in the shoulder and state that continuous-flow cryotherapy is an option for up to 7 days. There is no compelling reason to support the medical necessity of a cold therapy unit for 4 weeks in the absence of detailed large volume, long term medical literature and/or guideline support (for other than a typically readily available cold pack, etc.) Therefore, this request for cold therapy unit rental for 4 weeks for the left shoulder post-op is not medically necessary.

request for Pre-op Clearance for the left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pre-operative evaluation. Institute for Clinical Systems Improvement

Decision rationale: The request under consideration is for pre-operative clearance. The California MTUS is silent regarding this request. Evidence based medical guidelines support appropriate pre-operative evaluation for patients undergoing anesthesia for orthopedic procedures. Given the age of the patient, type of procedure, recumbency and fluid exchange

inherent in the procedure; medical clearance would be appropriate. Therefore, this request for pre-operative clearance is medically necessary.