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| Case Number: | CM14-0002271 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 03/09/2000 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 12/30/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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:

The patient is a 58 year old male injured at work on March 9, 2000 while employed as a [REDACTED]. Records from the treating orthopedic surgeon dated between February 2013 to January 2014, an Agreed Supplemental Report July 3, 2103 and Physician Advisor Reviews dated June 5, 2013 and December 30, 2013 were reviewed. The treating surgeon notes complaints of bilateral shoulder pain and back pain. The patient has had 3 surgical procedures on the left shoulder. The first procedure, an arthroscopic subacromial decompression was performed on April 3, 2007. The second procedure was a subacromial decompression with distal clavicle excision on June 21, 2007. The third surgery performed on the left shoulder included open complex repair of muscle and muscle transfer in an attempt to reattach the deltoid to the acromion and was performed on September 29, 2009. The treating physician reports continued weakness of the left shoulder with resisted range of motion, tenderness to palpation and palpable defect of the deltoid at the acromion. The patient has continued left shoulder pain despite the previous surgeries and injections on February 19, 2014 and April 2, 2013. An MRI performed in January 2013 was reported by the treating surgeon as "no gross rotator cuff tear is noted"; there was no mention of the deltoid. The request by the treating surgeon is for surgical reattachment of the deltoid to the acromion on the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT SHOULDER SURGICAL REATTACHMENT OF DELTOID TO ACROMION:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 9,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Shoulder Elbow Surg. 1994 Jul;3(4):243-53. doi: 10.1016/S1058-2746(09)80042-6. Epub 2009 Feb 13. Loss of the deltoid after shoulder operations: An operative disaster. Groh GI, Simoni M, Rolla P, Rockwood CA. Abstract A series of 36 patients who had a postoperative loss of the anterior or anterior lateral deltoid muscle after shoulder operations (i.e., acromioplasties, anterior shoulder reconstructions, or arthroplasty procedures) was referred to the s

Decision rationale: The MTUS Chronic Pain and ACOEM Guidelines do not address surgical reattachment of the deltoid to the acromion. The patient has already undergone an attempt at reattachment as described in progress notes from the treating surgeon dated May 14, 2013. "During one approach to his rotator cuff, he had a takedown of his deltoid from the lateral acromion. Since then he's had weakness to abduction and in 2009 underwent a surgical procedure to repair the deltoid defect to the acromion." This information was reiterated in a progress note dated January 21, 2014. "The patient as you know has had prior approach to his rotator cuff by takedown of the deltoid from his acromion. The deltoid was repaired but did not fully heal. Because of his persistent deltoid detachment, the patient underwent direct exposure and attempted reconstruction of the deltoid to the acromion. This procedure was not satisfactory. He has ongoing deltoid origin pain about the lateral acromion." The patient has already had a surgical attempt at reattachment with poor results. The request for left shoulder reattachment of the deltoid to acromion is therefore not medically necessary and appropriate.