

Case Number:	CM14-0008782		
Date Assigned:	02/12/2014	Date of Injury:	09/14/2010
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/22/2014

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 claimant is a 29-year-old gentleman who sustained an injury to his right shoulder when getting it caught in a piece of equipment on September 14, 2010. The clinical records provided for review document that the claimant was initially diagnosed with a long head of the biceps rupture. The report of an MRI of the shoulder performed on September 4, 2013 revealed mild rotator cuff tendinosis with slight subacromial subdeltoid bursitis. The records also note a previous history of a pectoralis major tear in 2009 for which exploration surgery took place in January of 2011 at which time the muscle was noted to be "nonreparable". The clinical assessment of December 18, 2013, documented that the claimant was once again diagnosed with a long head of the biceps tendon rupture at which time an MRI of the right chest wall was recommended to reassess the claimant's pectoralis muscle. Examination showed 5-/5 strength with shoulder testing but no indication of other significant finding documented. This request is for a revision operative procedure to consist of a pectoralis repair with Achilles tendon allograft, use of a shoulder immobilizer and purchase of a cryotherapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER REVISION PECTORALIS REPAIR WITH ACHILLES TENDON ALLOGRAFT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC)-Online Edition-Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure Surgery for pectoralis tendon repair Recommended for full tears in younger patients. Pectoralis major.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for pectoralis major repair with allografting for chronic tearing would not be supported. ACOEM Guidelines recommends surgery based upon clear evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. In this case, surgical repair would be recommended for full thickness tears in younger patients with documentation that partial tearing or neglected complete tears should be treated nonoperatively with good results. The claimant has a diagnosis of pectoralis tendon tear dating back to 2009. At present there would be no acute indication per examination or imaging for subacute repair. The specific request for surgical process would not be supported by Guideline criteria.

1 MONTH RENTAL OR PURCHASE OF A 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 med necessary, none of the associated services are not medically necessary.

1 SHOULDER IMMOBOLIZER: 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 med necessary, none of the associated services are not medically necessary.