

Case Number:	CM14-0101234		
Date Assigned:	07/30/2014	Date of Injury:	04/13/2013
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/01/2014

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 44-year-old injured in a July 25, 2011, work-related accident. The clinical records available for review document an injury to the right shoulder, for which the claimant underwent an August 12, 2013, arthroscopic rotator cuff repair, SLAP repair, synovectomy, and subacromial decompression. The report of a March 26, 2014, MR arthrogram of the shoulder shows no residual labral pathology and tendinosis to the rotator cuff, slight widening of the acromioclavicular joint and a mild articular surface tear to the infraspinatus. The bicep tendon was noted to be normal. A progress report dated May 20, 2014, described continued complaints of shoulder pain. Physical examination showed positive impingement testing, weakness with belly press testing, positive O'Brien's testing and tenderness over the bicipital groove. The records state that postoperative care, including physical therapy and acupuncture, produced no benefit. Based on claimant's postoperative MR arthrogram findings, this request is for: right shoulder arthroscopic rotator cuff repair versus debridement; possible open subpectoral bicep tenodesis; preoperative medical clearance; and 12 sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with rotator cuff tear (reapir) versus debridement: 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) <http://www.odg-twc.com/odgtwc/shoulder.htm#Surgeryforrotatorcuffrepair>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: Based on the Shoulder Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, a right shoulder arthroscopy with rotator cuff repair would not be indicated. The reviewed records do not document evidence of recurrent rotator cuff pathology on postoperative MR arthrogram. There is also no documentation to indicate that the claimant has failed six months of conservative care, including injection therapy. Absent confirmative imaging studies and a six-month course of conservative care as outlined under guidelines criteria, this request for a right shoulder arthroscopy with rotator cuff tear (reapir) versus debridement is not medically necessary or appropriate.

Possible open subpectoral biceps tenodesis: Upheld

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 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: California MTUS ACOEM Guidelines do not provide criteria relevant to this request. Under Official Disability Guidelines, bicep tenodesis would not be indicated in this case. No acute biceps tendon pathology was found on the MR arthrogram. Absent positive findings on imaging study, the request for this portion of the operative intervention would not be supported as medically indicated. Therefore, the request for possible open subpectoral biceps tenodesis is not medically necessary or appropriate.

Preoperative Clearance by [REDACTED]: Upheld

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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

Twelve post-operative physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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