

Case Number:	CM14-0015702		
Date Assigned:	03/03/2014	Date of Injury:	04/14/1986
Decision Date:	07/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/07/2014

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 Occupational Medicine 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 62-year-old female who has submitted a claim for Status Post Right Shoulder Arthroscopic Surgery with Adhesive Capsulitis and Recurrent Cuff Tear associated with an industrial injury date of April 14, 1986. Medical records from 2013 were reviewed, which showed that the patient complained of right shoulder pain, which continued to impair her quality of life. On physical examination, there was restricted motion of the right shoulder on all planes. There were well-healed arthroscopic portals noted. Impingement test was positive. MRI of the left shoulder dated December 12, 2012 revealed full-thickness tear of the supraspinatus tendon with torn retracted fiber resting along the medial humeral head. Treatment to date has included medications, activity modification, physical therapy, right shoulder subacromial decompression (2002), and left shoulder arthroscopic rotator cuff repair with subacromial decompression and extensive debridement of glenohumeral joint (December 12, 2013). Utilization review from January 14, 2014 denied the request for ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION AND ROTATOR CUFF REPAIR, RIGHT SHOULDER; PRE-OPERATIVE CLEARANCE WITH INTERNAL MEDICINE; and SPECIAL TESTING AND TIME BEING SPENT ON EE because the patient has not met the criteria for a shoulder procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with subacromial decompression and rotator cuff repair, right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: According to pages 209-211 of the ACOEM Practice Guidelines referenced by CA MTUS, rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. In addition, conservative care including cortisone injections can be carried out for at least three to six months before considering surgery. ACOEM guidelines indicate that conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment but without the surgical risks. Guidelines further indicate that surgical outcomes are not as favorable in older patients with degenerative changes about the rotator cuff. In this case, right shoulder arthroscopic surgery with subacromial decompression cuff repair was recommended primarily to improve the patient's functional capability and to provide significant pain relief. However, there was no evidence that the patient had previous cortisone injections. There was no indication that other recommended conservative treatment options have been exhausted in this patient. Therefore, the request for arthroscopy with subacromial decompression and rotator cuff repair, right shoulder is not medically necessary.

Pre-operative clearance with internal medicine: 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. In this case, Internal Medicine evaluation for surgical clearance was requested to address the co-morbidity of any existing medical conditions, whether diagnosed or undiagnosed, as the risk of complications during the procedure need to be minimized. However, the dependent request, arthroscopy with subacromial decompression and rotator cuff repair, right shoulder was deemed not medically necessary. Therefore, the request for pre-operative clearance with internal medicine is not medically necessary.

Special testing: 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. The dependent request, arthroscopy with

subacromial decompression and rotator cuff repair, right shoulder was deemed not medically necessary. Therefore, the request for special testing is not medically necessary.