MAXIMUS Federal Services

Case Number:	CM14-0131258		
Date Assigned:	08/20/2014	Date of Injury:	11/07/2007
Decision Date:	11/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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:

This is a 64-year-old gentleman who injured his left shoulder on 11/07/07. The records provided for review included a progress report dated 07/14/14 describing reveals continued complaints of left shoulder pain radiating pain to the left little and ring fingers of the hand. Examination of the left shoulder showed restricted range of motion, 90 degrees of abduction, positive impingement; no other formal findings were noted. The claimant is documented to have had a prior rotator cuff repair of the left shoulder in February 2012. The report of a postoperative MRI scan dated 03/19/14 revealed a supraspinatus tendon tear proximal to the surgical site described as a high-grade partial tear with no full thickness recurrent tear noted. There was no evidence of retraction or full thickness pathology. There is limited documentation of postoperative care and there is no documentation that the claimant received a formal injection. The recommendation for revision rotator cuff repair was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Rotator Cuff Repair: Upheld

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

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

Decision rationale: Based on the California ACOEM Guidelines, the request for shoulder arthroscopy and rotator cuff repair would not be indicated. There is no documentation in the medical records of full thickness pathology or recurrent full thickness rotator cuff tearing on recent imaging. The imaging shows evidence of underlying partial thickness tearing. There is also no current documentation of three to six months of conservative care including injection therapy that has been provided in the postoperative setting. Therefore, the request for shoulder arthroscopy and rotator cuff repair without documentation of full thickness rotator cuff pathology and failed conservative treatment cannot be recommended as medically necessary.

Pre-Op Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery general information and ground rules", California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for shoulder arthroscopy and rotator cuff repair without documentation of full thickness rotator cuff pathology and failed conservative treatment cannot be recommended as medically necessary. Therefore, the request for preoperative medical clearance is also not medically necessary.

Cold Unit Purchase of 7 Day Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for shoulder arthroscopy and rotator cuff repair without documentation of full thickness rotator cuff pathology and failed conservative treatment cannot be recommended as medically necessary. Therefore, the request for a cold therapy unit is also not medically necessary.

12 Post-Operative Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for shoulder arthroscopy and rotator cuff repair without documentation of full thickness rotator cuff pathology and failed conservative treatment cannot be recommended as medically necessary. Therefore, the request for postoperative physical therapy is also medically necessary.

Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Center for Medicare and Medicaid Services (CMS)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for shoulder arthroscopy and rotator cuff repair without documentation of full thickness rotator cuff pathology and failed conservative treatment cannot be recommended as medically necessary. Therefore, the request for a surgical assistant is also not medically necessary.