

Case Number:	CM14-0136128		
Date Assigned:	09/03/2014	Date of Injury:	12/17/2012
Decision Date:	10/09/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/22/2014

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 Hand Surgery, and is licensed to practice in Texas. 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 injured worker is a 35-year-old male who reported an injury on 12/17/2012. The mechanism of injury was a slip and fall. The diagnoses included cervical sprain/strain, possible cervical radiculopathy, lumbar sprain/strain, possible lumbar radiculopathy, lumbar shoulder sprain/strain, and internal derangement of the left knee. Previous treatments included medication, physical therapy, and injections. Diagnostic testing included an MRI of the left shoulder on 05/27/2014. Within the clinical note dated 07/09/2014, it was reported the injured worker complained of pain and weakness with external rotation of the left shoulder. Upon the physical examination, the provider noted the injured worker had weakness in the left shoulder to external rotation with positive impingement sign. The MRI revealed mild to moderate supraspinatus and infraspinatus tendonitis without evidence of a high grade partial thickness tear or tendon retraction. The subscapularis tendon was intact. Muscle bulk of the rotator cuff was preserved. The provider requested a left shoulder arthroscopic with partial articular supraspinatus tendon avulsion repair, since the patient has failed on conservative treatment. The Request for Authorization was submitted and dated on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic operative left shoulder arthroscopy with partial articular supraspinatus tendon avulsion repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter: Surgery for rotator cuff repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The request for diagnostic operative left shoulder arthroscopy with partial articular supraspinatus tendon avulsion repair is not medically necessary. The California MTUS/ACOEM Guidelines note rotator cuff repairs are indicated for significant tears that impair activity and cause weakness of the arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial thickness tears or smaller full thickness tears. For partial thickness rotator cuff tears and small full thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months. The preferred procedure is usually arthroscopic decompression, which involves debridement of inflamed tissues, burning the anterior acromion, lysis, and sometimes, removal of the coracoacromial ligament, and possibly removal of the outer clavicle. Surgery is not indicated for patients with mild symptoms, or those whose activities are not limited. The clinical documentation submitted for review did not indicate the injured worker had activity limitation. The provider noted that the injured worker had weakness of the left shoulder to external rotation with positive impingement signs; however, the official MRI report does not corroborate the findings of a rotator cuff tear, or partial thickness tear. Therefore, the request is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter: Surgery for rotator cuff repair

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.

Post-operative physical therapy x 12 sessions to left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter: Surgery for rotator cuff repair

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.

Pre-operative clearance: H&P, CBC, CMP, PT/PTT, UA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter: Surgery for rotator cuff repair

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.

Cold therapy purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter: Surgery for rotator cuff repair

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.

Shoulder sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter: Surgery for rotator cuff repair

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.

Pain pump: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter: Surgery for rotator cuff repair

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.