

Case Number:	CM14-0151215		
Date Assigned:	09/19/2014	Date of Injury:	08/16/2011
Decision Date:	10/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/16/2014

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 and is licensed to practice in Minnesota. 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 57 year old male who injured his right shoulder on 08/16/2011. The worker is morbidly obese. He failed conservative treatment and underwent an MRI scan of the right shoulder which revealed complete loss of the supraspinatus with centrally retracted muscle, superior migration of the humeral head, and moderate to severe narrowing of the articular cartilage of the glenohumeral joint. He underwent surgery on 11/22/2013 consisting of arthroscopy combined with an open procedure with resection of os acromiale, extensive repair of the rotator cuff using 8 anchors, and resection of the distal clavicle. The original MRI or operative report was not available. The symptoms improved initially but again got worse. A repeat MRI on 06/06/2014 revealed status post acromioplasty, extensive surgical repair of the supraspinatus and infraspinatus tendons, and a possible small full thickness tear in the distal supraspinatus tendon. The labrum was degenerated but not torn. Degenerative changes were noted in the glenohumeral joint with mild superior migration of the humeral head. The worker was examined on 07/22/2014, and complained of activity related shoulder pain. There was a void in the deltoid muscle deep to the incision scar likely due to post-operative disruption or trauma, moderate atrophy of the shoulder girdle muscles, and limitation of motion. Abduction was 85 degrees and forward flexion 110 degrees. Motor strength was 2/5 in abduction. Neer and Hawkins impingement signs were positive and there was a painful arc. Speed and Yergason signs were positive. The worker also has neck issues at C3-4 with cord flattening and neuroforaminal stenosis, and moderate central stenosis. The disputed treatment is arthroscopic or mini-open revision rotator cuff repair and arthroscopic glenohumeral debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic vs. mini-open revision rotator cuff repair: 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, SURGERY FIR ROTATOR CUFF REPAIR

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: Surgery for Rotator Cuff Repairs; Revision Rotator Cuff Repair.

Decision rationale: MTUS does not address revision rotator cuff repairs. According to ODG guidelines the results of revision rotator cuff repairs are inferior to those of primary repair. After primary repair the re-tear rates of large tears are high, ranging from 10 % for a 2 cm tear to 50 % for 6-8 cm tears. Revision rotator cuff repairs need four selection criteria, specifically an intact deltoid origin, good quality rotator cuff tissue, preoperative elevation above horizontal, and only one prior procedure. The injured worker does not meet these criteria, particularly with regard to the void in the deltoid that is documented, and the inability to abduct the arm to horizontal. His prognosis with any further rotator cuff surgery is not good. Based upon the above, the revision rotator cuff repair is not medically necessary per guidelines.