

Case Number:	CM14-0158521		
Date Assigned:	10/02/2014	Date of Injury:	03/15/2012
Decision Date:	12/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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, has a subspecialty in 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 54-year-old female who reported an injury on 03/15/2012. The mechanism of injury involved repetitive activity. The current diagnoses include full thickness tear of the rotator cuff of the left shoulder with impingement syndrome. The injured worker was evaluated on 08/28/2014 with complaints of left shoulder pain and weakness, exacerbated by overhead activities. Previous conservative treatment is noted to include physical therapy, medication management, injections, and rest. Physical examination revealed tenderness about the anterior aspect of the shoulder, a loss of 20 degrees of extension and forward flexion, 10 degrees of internal and external rotation, diminished grip strength, 4/5 supraspinatus weakness, slightly decreased sensation, and positive impingement sign. X-rays of the left shoulder obtained in the office showed evidence of spurring on the undersurface of the acromion. Treatment recommendations included a left shoulder arthroscopy with rotator cuff repair. A Request for Authorization form was then submitted on 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy Left Shoulder Repair of Rotator Cuff Tear; Assistant Surgeon/PA (requires suture anchors and screws for the repair of the tear): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214, table 9-6, Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical Assistant

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. Although it is noted that the patient has exhausted conservative treatment, there were no imaging studies provided for this review, documenting evidence of a rotator cuff tear. Therefore, the current request cannot be determined as medically appropriate at this time. As the procedure itself is not medically necessary, the associated request for an assistant surgeon is also not medically necessary.

Associated Surgical Service: Post-Operative Physical Therapy (12-sessions, 3 times a week for 4 weeks): 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.

Associated Surgical Service: Medical Clearance (physical exam includes CBC, CMP, PT/PTT, UA, EKG and CXR): 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.

Associated Surgical Service: Cold Therapy Unit (purchase): 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.

Associated Surgical Service: Shoulder Sling (purchase): 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.

Associated Surgical Service: Pain Pump (purchase): 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.