

Case Number:	CM14-0167567		
Date Assigned:	10/14/2014	Date of Injury:	05/24/2012
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/10/2014

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 50 year old female with a 5/24/12 injury date. In a 9/23/14 follow-up note, the patient continues to complain of right shoulder pain. She is one year post-op from her second rotator cuff repair in which she experienced initial improvement, but her pain began increasing and function began declining again. She now has significant pain and weakness, difficulty with most activities, and difficulty raising the arm. Objective findings included tenderness over the anterior and lateral acromion, tenderness over the acromioclavicular joint, positive impingement signs, weakness with abduction, external rotation, and forward flexion, negative liftoff sign, negative O'Brien's test, and full range of motion. A 9/11/14 right shoulder MRI revealed evidence of a prior rotator cuff repair times two and a possible full-thickness non-retracted perforation tear. Diagnostic impression: right shoulder irreparable rotator cuff tear. Treatment to date: right rotator cuff repair x 2 (with failure x 2), subacromial cortisone injections (with temporary relief), acupuncture, medications, physical therapy. A UR decision on 10/6/14 denied the request for right shoulder rotator cuff repair, labral repair, on the basis that there is no support or indication for carrying out a 3rd repair. A phone call was placed to the provider, and the provider agreed that the RFA was produced in error, and that the intent was to request an arthroscopic subacromial decompression with debridement. In addition, the request for labral repair was in error. The claimant is still relatively young and is not yet a candidate for reconstructive surgeries, and a decompression with debridement would be a low-risk temporizing procedure. In support of this procedure is the relief provided by recent subacromial cortisone injections. The UR agent was in agreement with this, and modified the decision to certify arthroscopic subacromial decompression with debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Rotator Cuff Repair, Labral repair: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder chapter--Rotator cuff repair.

Decision rationale: This is a 50 year old female with a 5/24/12 injury date. In a 9/23/14 follow-up note, the patient continues to complain of right shoulder pain. She is one year post-op from her second rotator cuff repair in which she experienced initial improvement, but her pain began increasing and function began declining again. She now has significant pain and weakness, difficulty with most activities, and difficulty raising the arm. Objective findings included tenderness over the anterior and lateral acromion, tenderness over the acromioclavicular joint, positive impingement signs, weakness with abduction, external rotation, and forward flexion, negative lift-off sign, negative O'Brien's test, and full range of motion. A 9/11/14 right shoulder MRI revealed evidence of a prior rotator cuff repair times two and a possible full-thickness non-retracted perforation tear. Diagnostic impression: right shoulder irreparable rotator cuff tear. Treatment to date: right rotator cuff repair x 2 (with failure x 2), subacromial cortisone injections (with temporary relief), acupuncture, medications, physical therapy. A UR decision on 10/6/14 denied the request for right shoulder rotator cuff repair, labral repair, on the basis that there is no support or indication for carrying out a 3rd repair. A phone call was placed to the provider, and the provider agreed that the RFA was produced in error, and that the intent was to request an arthroscopic subacromial decompression with debridement. In addition, the request for labral repair was in error. The claimant is still relatively young and is not yet a candidate for reconstructive surgeries, and a decompression with debridement would be a low-risk temporizing procedure. In support of this procedure is the relief provided by recent subacromial cortisone injections. The UR agent was in agreement with this, and modified the decision to certify arthroscopic subacromial decompression with debridement. Therefore this request is not medically necessary.