

Case Number:	CM14-0170529		
Date Assigned:	10/20/2014	Date of Injury:	12/20/2013
Decision Date:	11/20/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/15/2014

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 General 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 61 year old male was injured 12/20/13. He has been diagnosed with a right shoulder impingement syndrome, rotator cuff tear or strain, peripheral enthesopathies and bicipital tenosynovitis. The request was for open biceps tenodesis, arthroscopic subacromial decompression, and possible rotator cuff repair. The patient improved with conservative management that included ice/heat, Physical therapy, a home exercise program, and steroid injection. The patient is working albeit with some discomfort but without a complaint of increased pain. The patient has been released to modified duty with lifting limited to 20 pounds, no pushing or pulling greater than 40 pounds, and no work above shoulder level or below the waist. Of particular note is that the patient improved with 12 sessions of physical therapy. A right shoulder MRI 4/1/14 revealed supraspinatus tendinosis and a partial tear; some subscapularis tendinosis; no evidence of a full-thickness tear. Primary impingement syndrome is suspected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Biceps Tenodesis, Arthroscopic SAD, Possible Arthroscopic Rotator Cuff Repair of the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):
Indications for Surgery

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), Treatment Index, 9th Edition (web), 2011, Shoulder - Surgery for rotator cuff repair.

Decision rationale: The MTUS on surgery for rotator cuff repair states, "Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers." This 61 year old male is being treated with NSAIDs for pain. He has been released to modified duty. He has only had 12 sessions of physical therapy and has improved with conservative management. Night time pain, pain with overhead reaching, and weakness has not been documented as a significant complaint. He uses Ibuprofen for pain. The request is not medically necessary.

7 Day Rental of Cold Therapy Unit: 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.

12 Post-Op Physical Therapy Sessions for the Right Shoulder: 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.

A Sling: 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.