

Case Number:	CM14-0175664		
Date Assigned:	10/28/2014	Date of Injury:	09/24/2012
Decision Date:	12/10/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 55 year old male with a 9/24/12 injury date. In an 8/13/14 follow-up, the patient continues to have right shoulder pain and is unable to use his right arm for most activities. He is being considered for a reverse shoulder replacement vs. a pectoralis major tendon transfer. Objective findings included a positive drop arm test, positive weakness in abduction and external rotation of 4- to 3+/5, and positive impingement signs. In an 8/27/14 follow-up, active range of motion measurements were 100 degrees of forward flexion and 90 degrees of abduction. A 4/18/14 right shoulder MRI revealed a chronic, full-thickness supraspinatus tendon tear with severe muscle atrophy, a chronic, partial-width, full-thickness infraspinatus tendon tear with severe muscle atrophy, severe subscapularis tendinosis, and mild superior subluxation of the humeral head. Diagnostic impression: right shoulder chronic, irreparable rotator cuff tear. Treatment to date: right shoulder surgery (7/25/13). A Utilization Review (UR) decision on 10/17/14 denied the request for right shoulder surgery, tendon transfer. However, the rationale for the decision was not included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Surgery: Tendon Transfer: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Omid R, Lee B. Tendon transfers for irreparable rotator cuff tears. J Am Acad Orthop Surg. August 2013, vol 21, no. 8, 492-501.

Decision rationale: CA MTUS and ODG do not address this issue. In recent follow-up notes, the provider indicated the desire to perform a pectoralis major transfer to treat the massive, irreparable tears of the supraspinatus and infraspinatus tendons. However, in the recent review article by [REDACTED] et al, the transfer of the pectoralis major is the preferred tendon transfer for chronic subscapularis tendon tears. For the treatment of chronic posterosuperior tears, as is the case in this patient, the use of other tendons, such as the latissimus dorsi, is preferred. In addition, the available documentation lacks a considerable amount of information including prior conservative treatment methods and the nature of the recent right shoulder surgery in 2013. At this point, the medical necessity of the request has not been established. Therefore, the request for right shoulder surgery, tendon transfer, is not medically necessary.