

Case Number:	CM14-0021057		
Date Assigned:	02/21/2014	Date of Injury:	03/18/2002
Decision Date:	07/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

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:

The patient is a 72-year-old male who has submitted a claim for impingement syndrome, right shoulder, associated with degenerative changes of the rotator cuff and findings indicative of a tear of the rotator cuff; and rotator cuff tear, left shoulder, associated with an industrial injury date of March 18, 2002. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right shoulder pain. On physical examination, there was tenderness and limited range of motion of the right shoulder. MRI of the right shoulder dated revealed massive full thickness rotator cuff tear with retraction of the musculotendinous unit of supraspinatus and infraspinatus tendons and large bursal tear of the subscapularis tendon. Treatment to date has included medications, physical therapy, injections, home exercise program, and left arthroscopic rotator cuff repair with subacromial decompression and distal clavicle resection. Utilization review from December 26, 2013 denied the request for right shoulder arthroscopy, possible arthroscopic open decompression with acromioplasty, rotator cuff debridement vs repair, resection of coracromial ligament and/or bursa as indicated, mumford procedure because there was no documentation of supporting objective findings and failure of appropriate conservative care as well as no explanation as to why the surgery was delayed when findings of rotator cuff tear were noted two years prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY, POSSIBLE ARTHROSCOPIC OPEN DECOMPRESSION WITH ACROMIOPLASTY, ROTATOR CUFF DEBRIDEMENT VS

REPAIR, RESECTION OF CORACROMIAL LIGAMENT AND/OR BURSA AS INDICATED, MUMFORD PROCEDURE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: ACOEM Practice Guidelines state that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. For partial full-thickness and small tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy. In addition, conservative care including cortisone injections can be carried out for at least three to six months before considering surgery. In this case, an appeal dated January 13, 2014 stated that the patient failed conservative care including physical therapy, injections, home exercises, and medications. Furthermore, an MRI of the right shoulder revealed a significant rotator cuff tear. Physical examination also demonstrated limitation of right shoulder range of motion. An indication for the requested surgery was established. Therefore, the request is medically necessary.