

Case Number:	CM14-0024916		
Date Assigned:	06/16/2014	Date of Injury:	12/29/2013
Decision Date:	08/05/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 Pennsylvania. 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 claimant is a 68-year-old female who sustained a right shoulder dislocation on December 29, 2013, as the result of a fall at work. The claimant sustained a fracture that was treated by closed reduction. The records available for review include a January 29, 2014, MRI report, which shows full thickness tearing to the supraspinatus and infraspinatus tendons with 3 centimeters of retraction, significant atrophy and significant degenerative changes to the acromion. There was edema noted about the labrum. The report of plain film radiographs showed no evidence of acute fracture or dislocation. A follow-up office consultation dated January 30, 2014, revealed continued complaints of pain status post-traumatic episode with examination showing 5/5 motor strength, intact sensation and discomfort with range of motion. There is no indication of recent conservative care other than immobilization and the passage of time. This request is for: surgical intervention in the form of a subacromial decompression, rotator cuff debridement versus repair, biceps tenotomy versus tenodesis; preoperative history and physical; preoperative laboratory testing; preoperative cardiac clearance; a post-operative shoulder immobilizer; the post-operative use of a cold therapy unit; and 12 post-operative sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC RCR, BICEPS TENOTOMY, SUBACROMIAL DECOMPRESSION AND DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

MAXIMUS guideline: Decision based on the MTUS Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pages 209-211 and on the Non- MTUS Official Disability Guidelines (ODG).

Decision rationale: MTUS/ACOEM Guidelines support surgical intervention following a course of conservative care. In this case, the claimant's MRI scan is highly consistent with chronic rotator cuff findings indicative of significant atrophy of the rotator cuff and significant retraction. The reviewed records do not document conservative treatment. Absent documentation of three to six months of conservative care, including injection therapy, the request for operative intervention would not be supported. Therefore, the request for right shoulder arthroscopic rcr, biceps tenotomy, subacromial decompression and debridement is not medically necessary and appropriate.

HISTORY AND PHYSICAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LABS: CMP, CBC, PT/PTT, and UA: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CARDIAC CLEARANCE DUE TO AGE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation source: <http://www.guidelines.gov/content.aspx?id=38289>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and

Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST-OP SHOULDER IMMOBILIZER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Postoperative abduction pillow sling Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

COLD THERAPY UNIT: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post operative physical therapy twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.