

Case Number:	CM14-0027894		
Date Assigned:	06/16/2014	Date of Injury:	01/31/2007
Decision Date:	07/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/05/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 61 year old male with a date of injury on 1/31/2007. Diagnoses include left shoulder full thickness rotator cuff tear left shoulder, and partial thickness right rotator cuff tear. Subjective complaints are of neck and severe pain in the bilateral shoulder pain. Office notes indicate that physical therapy was aggravating his symptoms. Physical exam shows decreased range of motion and weakness in bilateral shoulders, and tenderness with pressure over both shoulders. MRI of the right shoulder shows high grade partial tear of the supraspinatus tendon, mild tendinosis of the infraspinatus, and severe tendinosis of the long head bicep tendon, possible bursitis. MRI of the left shoulder shows full thickness tear of the distal supraspinatus. Records from 9/8/2013 indicate that patient has had physical therapy for 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulder arthroscopy, possible repair rotator cuff: 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): 2010. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Rotator Cuff Surgery.

Decision rationale: ACOEM guidelines indicate conservative treatment has results similar to surgical treatment. For rotator cuff tears, surgery is reserved for cases failing conservative therapy for three months. ACOEM also states that surgical outcomes are much better in younger patients than in older patients who may be suffering from degenerative changes in the rotator cuff. The ODG states that repair of the rotator cuff is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. However, rotator cuff tears are frequently partial-thickness or smaller full-thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. For this patient, the shoulder pathology is chronic in an older patient. Guidelines clearly state that surgical consideration should be considered only after at least 3 months of comprehensive conservative treatments. This patient has not met this conservative treatment goal, and submitted documentation does not provide physical therapy notes that indicate lack of progression. Therefore, the medical necessity of shoulder arthroscopy with possible rotator cuff surgery is not established.

Postoperative physical therapy (pt) 3x 4: 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.

Q-tech recovery 35 day rental: 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.

Cold therapy 14 day rental: 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.

Multi-stim 30 day rental: 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.

Shoulder 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.