

Case Number:	CM14-0032279		
Date Assigned:	06/20/2014	Date of Injury:	12/04/2013
Decision Date:	07/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/13/2014

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 48-year-old gentleman who injured the left shoulder on 12/4/13. The clinical records provided for review include a 2/24/14 follow up report noting ongoing complaints of pain in the left shoulder for which conservative care was documented to consist of physical therapy, medication management, and activity restrictions. Physical examination demonstrated restricted strength with external rotation and supraspinatus testing at 3/5, diminished range of motion with tenderness at end points of flexion and abduction limited to 90 degrees. There was also positive Speed's and Hawkins' testing as well as pain about the greater tuberosity. The MRI dated May 2013 was reviewed and documented to show rotator cuff tendinopathy with no full thickness rotator cuff tendon tearing as well as inflammatory changes at the proximal biceps tendon. Because conservative treatment had failed, the recommendation was made for rotator cuff repair, biceps tenodesis, and subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy to include -reconstruction of completed shoulder cuff rotator avulsion, tenodesis of long tendon of biceps, and decompression of subacromial space with partial acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure - Surgery for ruptured biceps tendon (at the shoulder).

Decision rationale: Based on the California MTUS/ACOEM Guidelines and supported by Official Disability Guidelines, the proposed surgery to include rotator cuff repair, decompression and biceps tenodesis cannot be supported. There is no documentation of full thickness rotator cuff pathology nor is there indication of conservative care that has included injection therapy. In regard to partial thickness tearing, MTUS/ACOEM Guidelines recommend 3-6 months of conservative care including injection therapy before proceeding with surgery. Therefore, the request for left shoulder arthroscopy to include -reconstruction of completed shoulder cuff rotator avulsion, tenodesis of long tendon of biceps and decompression of subacromial space with partial acromioplasty is not medically necessary and appropriate.

Post Operative (PO) pillow sling: Upheld

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

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 slingRecommended 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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 555-556.

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