

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0034109 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 11/06/2012 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 03/12/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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 47-year-old gentleman who was injured in a work related accident on 11/06/12. The 01/16/14 progress report noted subjective complaints of neck and low back pain but did not identify any documentation of a shoulder injury. The follow up progress report on 01/24/14 documented that the claimant was doing better following right knee arthroscopy with current complaints of left shoulder pain. Examination noted tenderness over the subacromial space, positive Neer and Hawkins testing, and 4- strength with abduction and external rotation. The report of a MRI (magnetic resonance imaging) dated 05/24/13 identified a tear of the superior labrum, mild to moderate rotator cuff pathology but no rotator cuff tearing. The recommendation was made for decompression rotator cuff repair and biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER SUBACROMIAL DECOMPRESSION, ROTATOR CUFF REPAIR, BICEPS TENODESIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,209-211,214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indication for surgery - Acromioplasty.

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), Shoulder procedure - Surgery for ruptured biceps tendon (at the shoulder).

Decision rationale: Based on California ACOEM Guidelines and the Official Disability Guidelines (ODG), the request for left shoulder subacromial decompression, rotator cuff repair, and biceps tenodesis cannot be recommended as medically necessary. The ACOEM Guidelines recommend rotator cuff surgery for significant tears that impair activities. The imaging report does not identify any rotator cuff tear. The physical examination also does not indicate any evidence of bicipital pathology. There is also no documentation of failed conservative care including recent injection therapy as recommended by ACOEM Guidelines. Without documentation of concordant findings on examination or imaging studies, the proposed surgery to include a decompression rotator cuff repair and biceps tenodesis cannot be recommended. As such, the request is not certified.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://files.medical.ca/gov/pubsdoco/publications/masters-mtp/part2/surgmuscu_m01o03.doc, <http://www.fchp.org/NR/rdonlyres/9FD61BA7-29B5-4350-A3F0-29B8FE5C2865/0/Assistantsurgeonpaymentpolicy.pdf>, http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/co-surgeon_assistant_surgeon_and_assistant_at_surgery_guidelines.pdf, and <http://www.va.gov/HAC/forbeneficiaries/champva/policymanual/chapter2/1c2s29-2.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th edition: Assistant Surgeon Guidelines, Arthroscopy, shoulder, surgical; with rotator cuff repair.

Decision rationale: Since the primary procedure (left shoulder subacromial decompression, rotator cuff repair, and biceps tenodesis) is not medically necessary, none of the associated services (assistant surgeon) are medically necessary.

POST-OPERATIVE PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS TO LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure (left shoulder subacromial decompression, rotator cuff repair, and biceps tenodesis) is not medically necessary, none of the associated services (post-operative physical therapy) are medically necessary.