

Case Number:	CM14-0036488		
Date Assigned:	06/25/2014	Date of Injury:	03/30/2000
Decision Date:	08/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/25/2014

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 and Utah. 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 injured worker is a 55-year-old male who reported an injury on 03/30/2000 after lifting drywall. The injured worker reportedly sustained an injury to the bilateral shoulders. The injured worker underwent an MRI of the left shoulder on 09/21/2011. It was documented that the injured worker had findings consistent with a full thickness tear of the distal supraspinatus tendon and hypertrophy of the acromioclavicular joint disposing the patient to anatomic risk of impingement. The injured worker was evaluated on 08/12/2013. It was documented that the patient had ongoing pain complaints of multiple body parts to include the left shoulder. Evaluation of the left shoulder revealed severe tenderness to the acromioclavicular joint with a positive Neer's sign and Hawkins sign with painful arc range of motion. It was noted that the injured worker's rotator cuff was completely ruptured. The injured worker had 4/5 motor strength of the left shoulder. The injured worker's diagnoses included lumbar radiculopathy, meniscus tears of the bilateral knees and rotator cuff tears of the bilateral shoulders. A request was made for open surgical repair of the rotator cuff to the bilateral shoulders with the left shoulder being first. The injured worker was again evaluated on 02/10/2014. Evaluation of the left shoulder did not reveal any significant changes. A request for authorization for a left shoulder open rotator cuff repair and assistant surgeon followed by postoperative physical therapy was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER OPEN CUFF REPAIR: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: The requested Left Shoulder Open Cuff Repair is not medically necessary or appropriate. The clinical documentation submitted for review indicates that the injured worker has persistent ongoing symptoms consistent with a rotator cuff tear. The American College of Occupational and Environmental Medicine recommends surgical intervention for shoulder injuries when there are significant functional limitations identified upon physical examination supported by an imaging study that had failed to respond to conservative treatment. Due to the age of the injury, it would be expected that the injured worker had participated in extensive conservative treatment. However, the clinical documentation does not specifically identify any conservative treatment beyond medications to address the patient's 14-year-old injury. Furthermore, the American College of Occupational and Environmental Medicine recommends arthroscopic surgery over open surgical procedures. The clinical documentation does not address the need for an open surgical intervention over an arthroscopic repair. As such, the requested left shoulder open cuff repair is not medically necessary or appropriate.

ASSISTANT SURGEON: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service (Assistant Surgeon) is also not supported and not medically necessary.

CONSULTATION PAIN MANGEMENT FOR RADIATING PAIN AND NUMBNESS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1 Introduction Page(s): 1. Decision based on Non-MTUS Citation Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service (Consultation Pain Management) is also not supported and not medically necessary.