

Case Number:	CM14-0043605		
Date Assigned:	07/02/2014	Date of Injury:	10/25/2012
Decision Date:	07/31/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/10/2014

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 Orthopedica Surgery and is licensed to practice in Texas & Georgia. 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 50-year-old female who reported injury on October 25, 2012. The mechanism of injury was the injured worker was standing on an unsteady pallet, her right foot gave way and in order to avoid falling, the injured worker grabbed the conveyer belt. The injured worker underwent a diagnostic and operative arthroscopy of the glenohumeral joint and debridement of the rotator cuff, glenoid labral tear, acromioplasty and resection of the coraoacromial ligament and subacromial bursa as well as a distal clavicle resection of the right shoulder on September 9, 2013. The injured worker underwent 12 sessions of postoperative physical therapy. The clinical documentation submitted for review indicated on February 19, 2014 the injured worker fell and had pain on the right shoulder radiating from the shoulder to the back. The injured worker was in the emergency room and it was noted the injured worker had an x-ray of the right shoulder that was ordered; however, results were not made available. The physical examination of March 10, 2014 revealed the injured worker had right shoulder pain that was aggravated with an attempt of lifting. Most of the pain occurs during the course of the day with occasional pain at night. It was indicated the injured worker improved initially after surgery but had recurrent pain when she attempted to perform heavy lifting or pushing and pulling activities in the course of rehabilitation. It was indicated the injured worker had extensive postoperative physical therapy and a subacromial cortisone injection. The injured worker was noted to have a postoperative MRI which demonstrated a progressive high grade partial rotator cuff tear. The physical examination revealed atrophy of the supraspinatus in the right shoulder. The injured worker had decreased range of motion in forward flexion and abduction. The internal rotation was to T10. The injured worker had decreased range of motion in external rotation and abduction. The injured worker had a positive Neer impingement test, Hawkins impingement test and Jobe's test. The motor strength with external rotation and abduction was

4/5. The diagnosis was persistent symptomatic high grade partial rotator cuff tear of the right shoulder. The treatment plan included awaiting for the injured worker to have surgery that consisted of an arthroscopic rotator cuff repair on the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic rotator cuff repair of the right shoulder with pre-op clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Other Medical Treatment Guideline:<http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months plus the existence of a surgical lesion and the failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion on objective imaging findings and an objective physical examination. They further indicate that rotator cuff repair is appropriate for significant tears that impair activities by causing weakness of arm elevation or rotation particularly acutely in younger workers. For partial thickness rotator cuff tears and small full thickness tears representing primarily as impingement surgery is reserved for cases failing conservative therapy for 3 months. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. The physician documented the injured worker had an MRI; however, the official MRI report was not available in the submitted documentation. This request would not be supported. Per the Society of General Internal Medicine Online, Preoperative assessment is expected before all surgical procedures. The clinical documentation submitted for review failed to support the surgical procedure. As such, the request for an arthroscopic rotator cuff repair of the right shoulder with preoperative clearance is not medically necessary.

12 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

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 is also not supported.