

Case Number:	CM14-0057134		
Date Assigned:	07/11/2014	Date of Injury:	03/04/2014
Decision Date:	09/03/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/28/2014

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:

This is a 54-year-old female who injured her right shoulder in a work-related accident on March 4, 2014. The records available for review include the report of an MRI of the right shoulder dated March 10, 2014, showing a rotator cuff tear at 3.5 centimeters of retraction and an infraspinatus tendon tearing of 2 centimeters with retraction. Degenerative arthritis to the acromioclavicular and glenohumeral joints is also indicated. A follow-up assessment on March 18, 2014, documents continued complaints of shoulder pain and limited range of motion with discomfort upon examination. The claimant's MRI findings were reviewed at that time, and surgical intervention in the form of arthroscopy with rotator cuff repair with bicep tenodesis labral repair, subacromial decompression and distal clavicle excision was recommended. No specific conservative care was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder diagnostic arthroscopy with possible rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder.

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

Decision rationale: Based on California ACOEM Guidelines, surgical arthroscopy with a rotator cuff repair that includes bicipital labral surgery and distal clavicle excision is not recommended as medically necessary. Upon examination, this claimant does not have objective physical findings of the shoulder to support the acute need for surgical intervention. The claimant's MRI scan shows significant retraction consistent with chronic tearing of the rotator cuff, and no documentation of a prior specific conservative care exists. Absent documentation of a failed conservative care plan, the request for a rotator cuff repair is not supported.

Biceps Tenotomy vs Tenodesis, Labral repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder procedure Surgery for ruptured biceps tendon (at the shoulder).

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, bicipital surgery and labral surgery are not recommended as medically necessary because this individual's MRI imaging does not demonstrate acute pathology to the labrum or bicep tendon. Therefore, this portion of surgical process is not supported.

Subacromial Decompression Distal Clavicle Excision 29827, 29999 = 23440 vs 29828, 29806 vs 29807, 29824, 29826, 23405, 64415 L8699: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure Partial claviclectomy (Mumford procedure).

Decision rationale: The request for shoulder arthroscopy with rotator cuff repair, bicep tenodesis labral repair is not recommended as medically necessary. Therefore, the proposed subacromial decompression and distal clavicle excision are also not medically necessary.