

Case Number:	CM14-0080794		
Date Assigned:	07/18/2014	Date of Injury:	08/27/2010
Decision Date:	08/26/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/02/2014

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 Texas and 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 52-year-old female who reported an injury on 08/27/2010. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her right shoulder. The injured worker's treatment history included 2 shoulder surgeries and postsurgical conservative management to include acupuncture, a TENS unit, physical therapy and medications. The injured worker underwent an MRI of the right shoulder on 04/15/2014. The findings included postoperative changes of the rotator cuff and evidence of a possible re-tear and severe tendinosis. There was also a type II acromion identified with mild synovitis surrounding the long head biceps tendon. The injured worker was evaluated on 04/08/2014, prior to the MRI. It was noted that the injured worker did not receive authorization for the requested HELP program. However, no physical examination findings were provided. The injured worker was again evaluated on 05/06/2014. However, once again, no physical examination findings were provided for review. The injured worker's diagnoses included bilateral shoulder pain. A request was made for an open rotator cuff repair with augment for the right shoulder and a cryotherapy cooler for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Rotator Cuff Repair with Augment, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter; <http://www.ncbi.nlm.nih.gov/pubmed/20352390>.

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

Decision rationale: The requested open rotator cuff repair with augment for the right shoulder is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends that surgical intervention for shoulder surgeries be supported by documentation of functional deficits identified with physical examination, corroborated by pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does provide an imaging study that has a lesion that would benefit from surgical repair. However, the clinical documentation submitted for this review did not provide any significant functional deficits that would require a surgical intervention at this time. Therefore, the requested open rotator cuff repair with augmentation of the right shoulder is not medically necessary or appropriate.

Cryotherapy Cooler for Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Continuous-flow Cryotherapy.

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.