

Case Number:	CM14-0083899		
Date Assigned:	07/21/2014	Date of Injury:	09/17/2013
Decision Date:	08/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/05/2014

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 injured worker is a 47-year-old male who reported an injury on 09/17/2013 due to repetitive lifting. The injured worker reportedly sustained an injury to his right shoulder. The injured worker was treated conservatively with activity modifications, medications, and physical therapy. The injured worker was evaluated on 05/20/2014. It was documented that the injured worker underwent x-rays of the right shoulder on 04/24/2014 that noted a type 2 acromion. Physical findings included restricted range of motion secondary to pain, a positive Neer's sign, and positive Hawkins sign, tenderness to palpation over the rotator cuff joint. The injured worker's diagnoses included severe right shoulder rotator cuff tendon tear, right biceps tendon tear, and right shoulder impingement syndrome. A request was made for shoulder arthroscopy and rotator cuff repair. Additionally, a request was made for preoperative clearance secondary to hypertension. A Letter of Appeal dated 05/12/2014 documented that the injured worker had failed to respond to physical therapy, medications, and activity modifications, and had persistent shoulder symptoms that were consistent with pathology identified on an MRI. It was also noted that preoperative medical clearance was requested secondary to poorly controlled hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of Rotator Cuff with Suture Anchor Fixation with Pre-Operative Clearance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability guidelines (ODG) Indications for Surgery-Rotator cuff Repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The requested repair of a rotator cuff with suture anchor fixation and preoperative clearance is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends surgical intervention for shoulder injuries be supported by documentation of significant physical findings consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker underwent an MRI. However, an independent report of that MRI was not provided for review. Therefore, the appropriateness of the requested surgery cannot be determined. The request includes preoperative clearance. The California Medical Treatment Utilization Schedule does not address preoperative clearance. The Official Disability Guidelines recommend preoperative clearance for injured workers who have co-morbidities or complicated diagnoses that would possibly contribute to intraoperative or postoperative complications. The clinical documentation does indicate that the injured worker is 67 years of age with poorly controlled hypertension. Therefore, preoperative clearance would be indicated. However, as the surgical intervention that was requested is not supported by an imaging study, the request is not considered medically necessary or appropriate. As such, the requested repair of rotator cuff with suture anchor fixation and preoperative clearance is not medically necessary or appropriate.

Right Shoulder Arthroscopy Subacromial Decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The requested right shoulder arthroscopy subacromial decompression is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for shoulder injuries be supported by significant physical findings consistent with pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker has failed to respond to several attempts at conservative treatment and has significant pain and physical findings consistent with impingement syndrome. However, the American College of Occupational and Environmental Medicine recommends surgical request be supported by an imaging study. Although the clinical documentation does suggest that the injured worker underwent an MRI with pathology identified that would benefit from surgical intervention, an independent report of this imaging study was not provided for review. Therefore, the appropriateness of surgical intervention cannot be determined. As such, the requested right shoulder arthroscopy with subacromial decompression is not medically necessary or appropriate.

Pre-Operative Clearance: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.