

Case Number:	CM14-0088831		
Date Assigned:	07/23/2014	Date of Injury:	02/29/2012
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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. 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 65-year-old male who reported an injury on 02/29/2012. The mechanism of injury was not stated. The current diagnosis is rotator cuff sprain. The injured worker was evaluated on 05/06/2014. It is noted that the injured worker was making excellent progress with physical therapy. Forward elevation was noted to be 135 degrees and external rotation was 45 degrees. The injured worker was instructed to continue with physical therapy twice per week for an additional 6 weeks. Authorization for a left shoulder arthroscopy with rotator cuff repair, decompression, SLAP repair, posterior stabilization, and a PRP injection was also requested at that time. It is noted that the injured worker underwent a left shoulder MR arthrogram on 01/30/2013, which indicated tendinopathy of the supraspinatus tendon with a partial thickness tear, mild glenohumeral osteoarthritis, a suspected small tear of the glenoid labrum, and AC joint arthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left shoulder arthroplasty with rotator cuff repair, decompression, SLAP procedure, posterior stabilization, and PRP (platelet rich plasma) injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Platelet-rich plasma (PRP).

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. For partial thickness rotator cuff tears and small full thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months. Surgery for impingement syndrome is usually arthroscopic decompression and is not indicated for patients with mild symptoms or those who have no activity limitation. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months. Official Disability Guidelines state platelet rich plasma injections are currently under study. As per the documentation submitted, there is mention of an attempt at conservative treatment with physical therapy prior to the request for a surgical procedure. However, it is noted that the injured worker was making excellent progress with range of motion following physical therapy. There is no documentation of a failure to respond to conservative treatment, including cortisone injections. Based on the clinical information received and the above mentioned guidelines, the request is non-certified.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Academy of Orthopaedic Surgeons.

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

Decision rationale: As the injured worker's surgical procedure has not supported by the authorized, the current request is also not medically necessary. Therefore, the request is non-certified.