

Case Number:	CM14-0097070		
Date Assigned:	07/28/2014	Date of Injury:	09/01/2010
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/25/2014

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 patient is a 67 year old male who sustained an industrial injury on 9/1/2010. The patient underwent right shoulder rotator cuff repair and biceps tenodesis on 1/17/2011. He attended some post-operative Physical Therapy. According to the progress report dated 6/5/2014, the patient returns with complaint of right shoulder pain. At times, pain is sharp with movements, there is popping with movements, and pain is increased with cold weather. He has increased pain with lifting/pushing/pulling and carrying above shoulder level. Physical examination, (which is essentially unchanged from the 4/29/2014 examination), documents 90 degrees flexion and extension, positive impingement with click, 4+ tenderness over the rotator cuff extending over the supraspinatus muscle bulk with myospasm. Listed diagnostic studies are 9/2010 right shoulder x-ray's, 9/2010 MRI, and an MR Arthrogram that reportedly indicated complete tear throughout the rotator cuff with atrophy and prominent osteoarthritic changes of the acromioclavicular joint with osteoarthritic changes in the gleno-humeral joint. The biceps tendon is not demonstrated in the joint; therefore, it may be completely torn or subluxated. Diagnostic impression is recurrent complete tear of the rotator cuff/hypertrophic AC joint arthritis, torn biceps tendon/impingement/significant restriction. Follow-up plan: 1. Patient continues working with no restrictions, he remains at MMI status; 2. Follow-up in 3 weeks; 3. Physical therapy/occupational therapy: Completed 6 sessions of Physical Therapy; 4. Medication: continue Ibuprofen lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, subacromial decompression and possible rotator cuff repair, and biceps tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,209-210,211,214.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for rotator cuff repair, Surgery for ruptured biceps tendon (at the shoulder).

Decision rationale: According to the CA MTUS ACOEM guidelines, "Lesions of the rotator cuff are a continuum, from mild supraspinatus tendon degeneration to complete ruptures. Studies of normal subjects document the universal presence of degenerative changes and conditions, including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks." The guidelines state, "Surgery is reserved for cases failing conservative therapy of at least 3 months duration." The guidelines recommend 3 to 6 months of conservative care: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full Range of Motion (ROM), which requires both stretching and strengthening to balance the musculature. The guidelines state, "Nonsurgical treatment is usually all that is needed for tears in the proximal biceps tendons (biceps tendon tear at the shoulder)." It is appreciated that according to the PTP's 6/5/2014 progress report, a right shoulder MR Arthrogram indicated complete tear of the rotator cuff and possible complete tear or subluxated biceps tendon. A copy of the report was not provided in the medical records. In addition, the medical records do not document a thorough history of a recent course of conservative care. It appears the patient had completed 6 sessions of Physical Therapy, but no other care has been reported. The medical records do not provide that the patient has exhausted conservative care, which should include trial of cortisone injection, which can be carried out for at least 3-6 months prior to considering surgery. In addition, it is important to note that this patient is a 67 year old male with history of prior right shoulder surgery, and so the significant potential for complications and less than optimal post-surgical outcome should be well considered. All the more reason, that a full course of conservative care should be carried out prior to considering further right shoulder surgery. Consequently, the medical necessity of the request has not been established.

Seven day rental of a cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy.

Decision rationale: In the absence of surgical intervention, post-operative devices are not medically necessary.

Twelve postoperative physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The medical records do not establish the patient is a candidate for the proposed right shoulder surgery. Consequently, postoperative Physical Therapy is not medically necessary.