

Case Number:	CM14-0099792		
Date Assigned:	07/30/2014	Date of Injury:	03/26/2014
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 70 year old male injured worker who experienced an acute onset of left shoulder pain in a work related accident on 03/25/14 as he was pulling down a handle in an overhead position. The clinical records provided for review include the report of a left shoulder MRI dated 04/22/14 identifying full thickness supraspinatus tendon tearing with focal retraction and high grade tendinosis of the bicep tendon. The report of an orthopedic assessment on 05/20/14 described continued complaints of pain in the shoulder, worse with overhead activities. Physical examination showed restricted range of motion and weakness. The diagnosis was bicep tenodesis and full thickness tendon tearing and the recommendation was made for left shoulder arthroscopy with rotator cuff repair, bicep tenodesis, labral assessment, subacromial decompression and distal clavicle excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic left shoulder arthroscopy with possible rotator cuff repair, biceps tenotomy versus tenodesis, labral repair, subacromial decompression , and distal clavicle excision:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Surgery for SLAP lesions.

Decision rationale: The specific request in this case includes a labral repair and distal clavicle excision. This individual's clinical imaging did not demonstrate acute findings at the acromioclavicular joint or the labrum to support the need of labral repair, distal clavicle excision. The documentation of examination findings also failed to demonstrate acromioclavicular joint tenderness or associated symptoms. Without documentation of distal clavicle findings or labral pathology, the request is not medically necessary and appropriate.

Cryotherapy rental (6) weeks: 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): 201-205 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Continuous-flow cryotherapy.

Decision rationale: The request for diagnostic left shoulder arthroscopy with possible rotator cuff repair, biceps tenotomy versus tenodesis, labral repair, subacromial decompression, and distal clavicle excision cannot be recommended as medically necessary. Therefore, the request for a cryotherapy device is also not medically necessary.

Abduction pillow sling purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Postoperative abduction pillow sling.

Decision rationale: The request for diagnostic left shoulder arthroscopy with possible rotator cuff repair, biceps tenotomy versus tenodesis, labral repair, subacromial decompression, and distal clavicle excision cannot be recommended as medically necessary. Therefore, the request for an abduction pillow sling is also not medically necessary.

Postoperative Physical Therapy x12 left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for diagnostic left shoulder arthroscopy with possible rotator cuff repair, biceps tenotomy versus tenodesis, labral repair, subacromial decompression, and distal clavicle excision cannot be recommended as medically necessary. Therefore, the request for twelve sessions of physical therapy to the shoulder postoperatively is also not medically necessary.