MAXIMUS Federal Services

Case Number:	CM14-0127025		
Date Assigned:	08/13/2014	Date of Injury:	09/13/2009
Decision Date:	01/07/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 Minnesota. 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 43 year old male with a history of right shoulder injury on 9/13/2009. The mechanism of injury is not reported. He underwent arthroscopy of the right shoulder with subacromial decompression on 1/13/2011. He returned to work for 2 years and then had revision acromioplasty on 8/8/2013. He did not improve after the surgery. Per 3/17/2014 exam flexion was 165 degrees; abduction was 165 degrees, external rotation 40 degrees and internal rotation to T7. There was impingement present with positive Hawkin's and Neer signs. There was negative Yergason and pain with Speed's noted. MRI of the right shoulder dated 12/17/2013 was reported to show a partial thickness supraspinatus tear and an inferior labral tear with a 1 cm ganglion cyst. He was advised to stop smoking before any additional surgery could be performed. The available documentation does not mention any conservative treatment. As such the UR non-certified the request for arthroscopy, debridement, possible rotator cuff repair and possible biceps tenodesis for lack of documentation of conservative treatment per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Debridement, Possible Rotator Cuff Repair, Possible Biceps Tendoesis W/ Assistant Surgeon (Soc 7/1/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 213.

Decision rationale: California MTUS guidelines indicate 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 is not indicated for patients with mild symptoms or those whose activities are not limited. Conservative treatment includes 2 or 3 subacromial injections of local anesthetic and a corticosteroid preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. The documentation provided does not indicate any conservative treatment prior to the surgical request. As such the request for arthroscopy of the right shoulder with debridement and possible rotator cuff repair and possible biceps tenodesis is not supported by guidelines and is not medically necessary. Therefore the request for an assistant surgeon is also not medically necessary.