

Case Number:	CM14-0188073		
Date Assigned:	11/18/2014	Date of Injury:	03/25/2011
Decision Date:	01/06/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/11/2014

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 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:

According to the records made available for review, this is a 52-year-old male with a 3/25/11 date of injury. At the time (10/16/14) of the Decision for Left shoulder biceps and subscapular tenodesis, Rotator cuff and acromioclavicular (AC) joint repair, and Associated surgical service: Post-op physical therapy two times a week for six weeks for the left shoulder, there is documentation of subjective (left shoulder pain with prolonged forward flexion) and objective (left lateral acromial tenderness, passive motion of the left shoulder is 50% of normal, and shoulder stiffness) findings, imaging findings (Reported MRI of the left shoulder (9/14/13) revealed moderate to severe biceps tenodesis with rotator cuff tendinosis; circumferential tear was identified at the glenoid labrum; report not available for review), current diagnoses (left shoulder rotator cuff (capsule) sprain), and treatment to date (physical therapy, subdeltoid cortisone injection, and medications). There is no documentation of objective findings (weakness with abduction testing or atrophy of shoulder musculature) and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder biceps and subscapular tenodesis: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for rotator cuff repair

Decision rationale: MTUS reference to ACOEM identifies documentation of weakness of arm elevation or rotation, as criteria necessary to support the medical necessity of rotator cuff repair. ODG identifies documentation of subjective findings (shoulder pain and inability to elevate the arm), objective findings (may have weakness with abduction testing or atrophy of shoulder musculature, usually has full passive range of motion), and imaging findings, as criteria necessary to support the medical necessity of rotator cuff repair. Within the medical information available for review, there is documentation of a diagnosis of left shoulder rotator cuff (capsule) sprain. In addition, given documentation of subjective (left shoulder pain with prolonged forward flexion) findings, there is documentation of subjective findings (shoulder pain and inability to elevate the arm). However, despite documentation of objective (left lateral acromial tenderness, passive motion of the left shoulder is 50% of normal, and shoulder stiffness), there is no documentation of objective findings (weakness with abduction testing or atrophy of shoulder musculature). In addition, despite documentation of medical reports' reported imaging findings (MRI of the left shoulder identifying moderate to severe biceps tenodesis with rotator cuff tendinosis; circumferential tear was identified at the glenoid labrum), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Left shoulder biceps and subscapular tenodesis is not medically necessary.

Rotator cuff and acromioclavicular (AC) joint repair: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for rotator cuff repair

Decision rationale: California MTUS reference to American College of Occupational and Environmental Medicine (ACOEM) identifies documentation of weakness of arm elevation or rotation, as criteria necessary to support the medical necessity of rotator cuff repair. Official Disability Guidelines (ODG) identifies documentation of subjective findings (shoulder pain and inability to elevate the arm), objective findings (may have weakness with abduction testing or atrophy of shoulder musculature, usually has full passive range of motion), and imaging findings, as criteria necessary to support the medical necessity of rotator cuff repair. MTUS reference to ACOEM identifies documentation of weakness of arm elevation or rotation, as criteria necessary to support the medical necessity of rotator cuff repair. ODG identifies documentation of subjective findings (shoulder pain and inability to elevate the arm), objective findings (may have weakness with abduction testing or atrophy of shoulder musculature, usually has full passive range of motion), and imaging findings, as criteria necessary to support the medical necessity of rotator cuff repair. Within the medical information available for review, there is documentation of a diagnosis of left shoulder rotator cuff (capsule) sprain. In addition, given documentation of subjective (left shoulder pain with prolonged forward flexion) findings, there is documentation

of subjective findings (shoulder pain and inability to elevate the arm). However, despite documentation of objective (left lateral acromial tenderness, passive motion of the left shoulder is 50% of normal, and shoulder stiffness), there is no documentation of objective findings (weakness with abduction testing or atrophy of shoulder musculature). In addition, despite documentation of medical reports' reported imaging findings (MRI of the left shoulder identifying moderate to severe biceps tenodesis with rotator cuff tendinosis; circumferential tear was identified at the glenoid labrum), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for rotator cuff and acromioclavicular (AC) joint repair is not medically necessary.

Associated surgical service: Post-op physical therapy two times a week for six weeks for the left shoulder: 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.