

Case Number:	CM14-0188148		
Date Assigned:	11/18/2014	Date of Injury:	11/05/2012
Decision Date:	01/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 58 year old male with a history of injuries to the left shoulder on 11/12/2012 and 4/28/2014. He underwent a rotator cuff repair and subacromial decompression on 6/21/2013. The operative report is not submitted. The new injury on 4/28/2014 was from lifting kegs of beer at a festival. There was some ecchymosis documented from attrition rupture of the biceps tendon. A request for shoulder surgery was submitted on 7/23/2014 but there was no documentation of a comprehensive shoulder physical examination and evidence of a comprehensive physical therapy program and corticosteroid injections with failure to improve shoulder function. The request was non-certified by Utilization Review for lack of evidence of conservative treatment as recommended by guidelines. The MRI scan showed a chronic large tear with associated muscle atrophy of the supraspinatus as well as the infraspinatus likely representing failed prior rotator cuff repair. The records indicate additional chronic orthopedic issues pertaining to the lumbosacral spine, the right shoulder and right knee. Physical therapy notes pertain to these other issues including spondylolisthesis and facet arthritis of the lumbosacral spine for which facet injections were requested on 8/3/2014 and there was some improvement documented. There is documentation of corticosteroid injections into the right shoulder and right knee, the latter for tricompartmental osteoarthritis and a large effusion; however, no physical therapy is documented for the left shoulder prior to the request for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair cuff and subscap biceps tenodesis, left shoulder: 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): 209-211.

Decision rationale: California MTUS guidelines recommend a recent documented exercise program of strengthening and increasing the range of motion of the shoulder combined with corticosteroid injections for impingement syndrome and documentation of failure prior to surgical considerations. The rotator cuff tear is chronic, associated with evidence of muscle atrophy, and there was failure of a prior repair which may indicate a problem with tissue quality. The guidelines indicate studies of normal subjects document the presence of degenerative changes and conditions, including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. However if there is failure to improve despite documented conservative care, with significant impairment of activities surgery may become necessary. Based upon the absence of documentation pertaining to recent conservative care the requested surgery is not supported by guidelines and medical necessity is not established.

Associated surgical service: Post-op physical therapy 2 x 12 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.