

Case Number:	CM14-0198268		
Date Assigned:	12/08/2014	Date of Injury:	10/16/2013
Decision Date:	01/30/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 injured worker is a 39 year-old male, who was injured on October 16, 2013, while performing regular work duties. The mechanism of injury was a fall from a landing dock, and resulting in injury to the right shoulder. The records indicate an arthroscopic surgery and partial repair of rotator cuff of the right side completed on December 5, 2013. On September 30, 2014, x-ray of the right shoulder reveals rotator cuff pathology. An electromyogram and nerve conduction study on October 31, 2014, reveals entrapment neuropathy of the median nerve at the right wrist. An evaluation on October 31, 2014, indicates the previous rotator cuff repair was unsuccessful due to "the tear was irreparable and the cuff was retracted past the glenoid margin and immobile"; on physical examination the injured worker has regained strength, including overhead motion, still has pain with abduction and higher angles of forward flexion; underwent physical therapy without improvement, tenderness is noted about the supraspinatus; regained forward elevation, regained full strength of deltoid, the continued pain is "due to impinging humeral head on the acromion"; range of motion is: flexion 140 degrees, extension 30 degrees, abduction 120 degrees, adduction 30 degrees, external rotation 60 degrees, and internal rotation 80 degrees. The October 31, 2014, evaluation indicates a magnetic resonance imaging was obtained prior to the previous surgery and reveals a "massive rotator cuff tear". The magnetic resonance imaging result was not available for this review. The request for authorization is for one (1) right shoulder arthroscopic superior capsular reconstruction with human dermal allograft. The primary diagnosis is sprain of rotator cuff. On November 6, 2014, Utilization Review non-certified the request for one (1) right shoulder arthroscopic superior capsular reconstruction with human dermal allograft, based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right shoulder Arthroscopic superior capsular reconstruction with human dermal allograft: 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) Surgery Rotator Cuff Repair

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

Decision rationale: The CA MTUS/ACOEM is silent on the issue of grafts for massive rotator cuff tears. According to the ODG, Shoulder section, Grafts for the rotator cuff, "Under study. Over the past few years, many biologic patches have been developed to augment repairs of large or complex rotator cuff tendon tears. These patches include both allograft and xenografts. Regardless of their origins, these products are primarily composed of purified type I collagen. There is a lack of studies demonstrating which ones are effective. For short-term periods, restoring a massive rotator cuff tendon defect with synthetic grafts can give significant pain relief, but there is still some risk of new tears." As the guidelines do not support the use of grafts for massive rotator cuff tears, the request is considered not medically necessary.