MAXIMUS Federal Services

Case Number:	CM14-0032332		
Date Assigned:	12/10/2014	Date of Injury:	06/04/2010
Decision Date:	01/15/2015	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 Surgeon and is licensed to practice in New York. 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 patient is a 59-year-old with the date of injury of June 4, 2010. The patient has chronic shoulder pain.The patient had surgery consisting of left subacromial decompression with Mumford procedure on August 9, 2013.MRI report from May 2013 shows partial tear of the supraspinatous tendon without retraction or atrophy. There is mild degenerative changes in the a.c. joint.MR arthrogram of the left shoulder from January 2014 shows tendinosis of the infraspinatus tendon with a moderate 50% tear. The arthrogram indicate that the rotator cuff muscle is preserved in bed.The patient is early had acromioplasty with resection of the distal clavicle.On physical examination patient has a painful range of shoulder motion. There is some weakness in rotator cuff muscle strength. Left shoulder range of motion demonstrates flexion to 160 and abduction to 160. Internal next all rotation is 80.At issue is whether rotator cuff repair surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder rotator cuff repair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

Decision rationale: This patient does not meet establish criteria for left rotator cuff repair surgery. Specifically the medical records do not document and imaging study showing significant complete tear of the rotator cuff. In addition a physical examination does not document complete tear of the rotator cuff. Also, the medical records do not document recent trial and failure of conservative measures to include intra-articular injection. There is no recently documented trial and failure physical therapy. Criteria for shoulder surgery not met.

Associated surgical service: cold therapy for purchase or rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Pages: 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 1/20/14), Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG shoulder chapter

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associated surgical service: physical therapy 3 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS shoulder pain chapter

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associated surgical service: Pre-operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.Guideline. gov./content.aspx?id=38289, Preoperative Evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.