

Case Number:	CM14-0053611		
Date Assigned:	07/07/2014	Date of Injury:	05/04/2011
Decision Date:	04/10/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 48-year-old male, who sustained an industrial injury on 5/4/2011. The diagnoses have included left shoulder rotator cuff tear and acromioclavicular arthritis. Treatment to date has included 2 previous shoulder surgical procedures and shoulder injections. The first procedure was an open rotator cuff repair. The IW sought a second opinion for continuing pain and underwent acromioclavicular joint arthroplasty through an arthroscopic technique with removal of a loose suture. A follow-up orthopedic examination of 10/07/2013 revealed pain over the proximal deltoid muscle. An ultrasound of the area showed an obvious defect in the deltoid likely from the first surgery. The AP advised arthroscopy with open deltoid repair. According to the Primary Treating Physician's Progress Report dated 3/27/2014, the injured worker complained of pain along the deltoid muscle. He stated that his home exercise program was not working. It was noted that a diagnostic ultrasound showed signs of detachment at the left deltoid. Hawkins test was positive. Physical exam revealed tenderness to palpation at the proximal deltoid and positive impingement. Authorization was requested for open deltoid repair and shoulder arthroscopy. On 4/2/2014, Utilization Review (UR) non-certified a request for left shoulder arthroscopy and deltoid open repair. The reason was absence of an MRI documenting the deltoid defect. The Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, Deltoid Open Repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Section: Shoulder, Topic: Ultrasound, diagnostic.

Decision rationale: Orthopedic examination of 10/7/2013 revealed a healed transverse scar from the previous incision of the open rotator cuff repair. An ultrasound of the tender area revealed an obvious defect in the deltoid related to the open rotator cuff repair in the past. In light of continuing pain in that area arthroscopy of the left shoulder with an open deltoid repair was advised. The utilization review noncertification was due to the absence of a MRI scan documenting the defect in the deltoid and the need for surgery. ODG guidelines with regard to diagnostic ultrasound indicate that it is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. Preoperative ultrasound examination of the shoulder permits a reliable diagnosis of complete rotator cuff tears and calcium deposits. The diagnostic accuracy of ultrasound scan compares well with the MRI. As such, it is also useful in visualizing the deltoid and can pick up a defect in the deltoid. Now there is a clear lesion that is known to benefit in both the short and long term from a surgical repair. Therefore the request for arthroscopy of the left shoulder with open repair of the deltoid defect is supported, and the medical necessity of the request has been established.