

Case Number:	CM15-0002159		
Date Assigned:	01/13/2015	Date of Injury:	01/20/2012
Decision Date:	03/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 who reported an injury on 01/20/2012. The mechanism of injury was due to overuse of the right arm. His relevant diagnoses included residual right shoulder pain, and status post rotator cuff repair with partial repair of tear versus nonhealing. Past treatments included surgery, sling, physical therapy, home exercise, a pulley, and medications. Pertinent diagnostic studies included an unofficial right shoulder MRI performed on 04/19/2013, which read: interval surgical intervention of the right shoulder with cortical screws in the superior humeral head presumptively for rotator cuff tear involving the anterior cortex of the right humeral neck for possible stabilization of the biceps tendon demonstrating complete rupture; noted tendinosis with small articular surface undersurface tears anterior distal fibers of the supraspinatus tendon, however, there is no evidence of a full thickness tear; SLAP lesion of the right glenoid labrum extending from approximately the 10 o'clock to 2 o'clock position to the biceps anchor; moderate arthropathy of the right acromioclavicular joint causing mild impingement at the musculotendinous junction; and mild tendinosis of the subscapularis tendon of the right shoulder. An unofficial right shoulder MRI performed on 10/13/2014 indicated: stable overall appearance since the prior examination demonstrating a postoperative fixation on the labrum, rotator cuff, and long head of the biceps tendon; and superior margin of the labrum demonstrates mild heterogeneity suspicious for slap lesion. His pertinent surgical history included right shoulder arthroscopy with extensive debridement of the bicipital stump, labral tear, rotator cuff tear, subacromial decompression, an open biceps subpectoralis tenodesis on 05/07/2012. On 11/20/2014, the injured worker presented for re-evaluation of his right

shoulder. Examination of the right shoulder was indicated to have been unchanged since his last visit. On the previous examination date of 10/29/2014, revealed a physical examination of the right shoulder indicating good passive motion, with elevation at 170 degrees, external rotation at 90 degrees, and internal rotation at 30 degrees. Documentation indicated the rotator cuff had good strength with internal and external rotation and resisted scaption, however, the injured worker was not able to elevate his arm in an abducted position over 90 degrees. His relevant medications were not provided for review. The treatment plan included arthroscopy evaluation with possible revision of rotator cuff repair, right shoulder, per 11/20/14 PR2 as a new MRI performed on 10/13/2014 indicated a possible recurrent tear or nonhealing of the repair. A Request for Authorization form was submitted on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY EVALUATION WITH POSSIBLE REVISION OF ROTATOR CUFF REPAIR, RIGHT SHOULDER, PER 11/20/14 PR2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Surgery for rotator cuff repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Diagnostic arthroscopy.

Decision rationale: The request for arthroscopy evaluation with possible revision of rotator cuff repair, right shoulder, per 11/20/14 PR-2 is medically necessary. In regard to diagnostic arthroscopy, the Official Disability Guidelines recommend that in the shoulder in cases where imaging is inconclusive, and acute pain or functional limitation continues despite conservative care. In addition, the California MTUS/ACOEM Guidelines indicate that rotator cuff tears are usually presented as impingement and reserved for cases after failed conservative therapy for 3 months. The injured worker was indicated to have a previous rotator cuff repair performed on 05/07/2012 and to have completed 36 physical therapy visits. However, the injured worker was noted upon physical examination as not able to abduct the arm upon elevation over 90 degrees. The most recent MRI performed on 10/13/2014 had a suspected retear or nonhealing of the previous surgical procedure. Based on the above, the arthroscopy evaluation with possible revision of rotator cuff repair, right shoulder, per 11/20/14 PR2 would be supported by the evidence based guidelines. As such, the request is medically necessary.