

Case Number:	CM15-0003971		
Date Assigned:	01/15/2015	Date of Injury:	07/13/2001
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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: 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 69 year old female who sustained an industrial injury on July 13, 2001. She has reported primarily left shoulder pain and has been diagnosed with complete rupture of rotator cuff. Treatment to date has included medical imaging, surgery, cortisone injection with little relief, and medications. Currently the injured worker complains of severe pain when trying to lift her arm. The treatment plan included surgery. On December 18, 2014 Utilization Review non certified left shoulder rotator cuff reconstruction with xenograft augmentation, surgical assistant, and abduction pillow for purchase citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder rotator cuff reconstruction with xenograft augmentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Indicators for Rotator Cuff repair

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Graft, rotator cuff

Decision rationale: Per office notes of 12/8/2014 the injured worker had undergone surgery for a large rotator cuff tear of the left shoulder 9 years ago. Her symptoms had gotten worse 2 months ago. She indicated that she had ongoing care all along by other providers. She was retired and was taking anti-inflammatories for her shoulder pain. A progress note dated September 11, 2014 indicates that she received a corticosteroid injection into the right shoulder in August which possibly caused an infection. She was complaining of increased pain after the injection and the shoulder was slightly red and swollen. Her range of motion was much decreased after the injection. She could abduct only to 50 and forward flex 60. There were no cultures done. She was placed on Keflex for a 10 day course. She was also placed on Vicodin and Mobic. Some laboratory tests for septic arthritis were requested but the documentation does not indicate the results. An MRI scan of the shoulder dated September 26, 2014 revealed extensive synovitis and erosion of the humeral head consistent with septic arthritis as described below. She had x-rays done on 11/21/2014. The only finding was postoperative changes with anchors in the humeral head. Per office notes of 12/8/2014 she had atrophy involving the supraspinatus. There was audible and palpable crepitus to palpation with positive Hawkins sign and positive Neer sign and positive cross arm adduction test. Flexion was 90, abduction 70, external rotation 30, and internal rotation 35. MRI of left shoulder with and without contrast performed on September 26, 2014 revealed postoperative changes in the shoulder. There was a moderately large joint effusion continuous with the subacromial subdeltoid bursa. Postcontrast images showed diffuse synovial enhancement. Postoperative changes were seen involving the proximal humerus with metallic artifact from a suture anchor. A large area of focal erosive change was seen in the inferior aspect of the articular surface of the humeral head. There was little if any surrounding marrow edema. The supraspinatus muscle was intact. There was a full-thickness tear involving approximately the anterior half of the supraspinatus tendon. Posteriorly the tendon was small in caliber. The infraspinatus tendon was intact. The subscapularis tendon showed fusiform thickening with enhancement. The glenohumeral joint was intact. The biceps tendon was not clearly seen due to the metallic artifact. No labral pathology was seen. The diffuse synovial enhancement could be due to inflammatory arthritis. Septic arthritis was not excluded. The prominent erosion in the inferior articular aspect of the humeral head without surrounding marrow edema would be atypical for osteomyelitis. It may be related to cystic arthrosis. A prior MRI scan of 2006 had revealed postoperative changes and attenuation of the distal supraspinatus tendon with mild atrophy of the supraspinatus muscle. The available documentation does not indicate aspiration of the shoulder, culture of the joint fluid or other workup for septic arthritis. Therefore a lingering low-grade infection is not ruled out. The request as stated is for a rotator cuff reconstruction with xenograft augmentation. ODG guidelines indicate that rotator cuff grafts are 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 allografts and xenografts. Regardless of their origin 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. Bioengineered tissue grafts are not recommended. Extra cellular matrix grafts are also not recommended. Amniotic membrane allografts are not recommended. Graft jacket tissue matrix is not recommended. In general, ODG guidelines do not recommend allografts or xenografts. The request as stated is for a rotator cuff reconstruction with xenograft augmentation

which is not supported by guidelines. As such, the medical necessity of the request is not substantiated.

Assistant surgeon: 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.

Post operative abduction pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Post Operative abduction pillow sling

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.