

Case Number:	CM15-0181829		
Date Assigned:	09/30/2015	Date of Injury:	05/02/2013
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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, Oregon, Washington
 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:

This 65 year old man sustained an industrial injury on 5-2-2013. Evaluations include right shoulder MRI dated 10-21-2014 showing recurrent full thickness tearing of the supraspinatus tendon, full thickness tear of the subscapularis tendon, degeneration and tearing of the inferior labrum, glenohumeral joint chondromalacia, and post-bicep tendinosis and subacromial decompression. Diagnoses include rotator cuff sprain-strain. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 8-19-2015 show complaints of right shoulder symptoms. The physical examination shows mild crepitation tot eh glenohumeral joint, moderate crepitation of the subacromial joint, no trigger point, subacromial and infraspinitus tenderness. Range of motion is recorded as forward flexion 0-150 degrees with pain, extension 0-40 degrees with pain, abduction 0-120 degrees with pain, internal rotation 0-60 degrees with pain. Muscle strength shows 4 out of 5 strength to the supraspinatus muscle, infraspinitus muscle, and subscapularis muscle. There is a positive crossover sign, positive drop arm test, positive Hawkin's sign, and positive impingement sign, lift off was negative, O'Brien's test was positive, speed's sign in positive, and supraspinatus test was positive. Sensation to touch, pressure, and pinprick is intact. Recommendations include further surgical intervention, cardiology consultation, home exercise program, and follow up in six weeks. Utilization Review denied a request for dermal patch-graft to right shoulder surgery on 9-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Please Add Dermal Patch/Graft x 1 to Authorized Right Shoulder Surgery (Authorization Dated 7-7-15): 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), Shoulder chapter.

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

Decision rationale: 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 not medically necessary.