

Case Number:	CM15-0194486		
Date Assigned:	10/08/2015	Date of Injury:	04/17/2015
Decision Date:	12/21/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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, Indiana, Oregon
 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 is a 56-year-old male with a date of industrial injury 4-17-2015. The medical records indicated the injured worker (IW) was treated for right shoulder high grade partial thickness rotator cuff tear; right shoulder degenerative labrum tearing; and right shoulder subacromial impingement. In the progress notes (7-16-15), the IW reported intermittent cervical spine pain radiating from the right shoulder, with stiffness, rated 5 to 6 out of 10 and continuous right shoulder pain radiating to the posterior side of the right neck, right arm and upper arm, rated 7 out of 10. He had difficulty with activities of daily living, including some aspects of self-care, physical activity, such as working outdoors on flat ground, climbing stairs and standing; he also had difficulty opening car doors and getting in and out of a car. Ultram and Kera-tek gel were prescribed. On the 8-27-15 visit, he complained of frequent right shoulder pain rated 7 out of 10. On examination (7-16-15 and 8-27-15 notes), he walked with a limp favoring the right side. Range of motion of the right shoulder was decreased from normal in all planes. The trapezius and subacromial spine was tender on the right. Apprehension, Neer's impingement and Hawkins' impingement tests were positive on the right. Muscle strength was 4 out of 5 with flexion and abduction on the right. Treatments included physical therapy, which was moderately helpful, chiropractic therapy and medications (Tylenol with codeine). The provider noted an MRI of the right shoulder on 5-30-15 showed "very high grade partial thickness tear of the supraspinatus insertion as well as partial tear of the infraspinatus and some degenerative change in the labrum"; the MRI report was available for review. A Request for Authorization was received for arthroscopy with rotator cuff repair, right shoulder, platelet rich plasma injection, right shoulder

(per 7/16/15 order); pre-operative medical clearance (per 7/16/15 order); Polar Care unit, right shoulder; sling, right shoulder (per 7/16/15 order); and post-op physical therapy, twice weekly for six weeks, right shoulder (12 sessions) (per 7/16/15 order). The IW was temporarily totally disabled. The Utilization Review on 9-4-15 non-certified the request for arthroscopy with rotator cuff repair, right shoulder, platelet rich plasma injection, right shoulder (per 7/16/15 order); pre-operative medical clearance (per 7/16/15 order); Polar Care unit, right shoulder; sling, right shoulder (per 7/16/15 order); and post-op physical therapy, twice weekly for six weeks, right shoulder (12 sessions) (per 7/16/15 order).

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with rotator cuff repair, right shoulder, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the imaging does not demonstrate full thickness rotator cuff tear nor is injection therapy documented. The request is not medically necessary.

Associated Surgical Services: Platelet rich plasma injection, right shoulder, Qty 1: 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 - Platelet rich plasma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative medical clearance, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.guidelines.gov/content.aspx?id=48408] - Perioperative protocol. Health care protocol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Services: Polar care unit, right shoulder, Qty 1: 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 - Cold packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Services: Sling, right shoulder, Qty 1: 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 - Post operative abduction pillow sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative physical therapy, right shoulder, 2 times weekly for 6 weeks, 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

