

Case Number:	CM15-0081825		
Date Assigned:	05/04/2015	Date of Injury:	03/18/2014
Decision Date:	06/29/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/28/2015

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 55-year-old female, who sustained an industrial injury on 3/18/2014. She reported injury from a fall. The injured worker was diagnosed as status post shoulder arthroscopy in 2013. Recent shoulder magnetic resonance imaging showed stable post-surgical changes and a partial thickness 6 mm rotator cuff tear. Treatment to date has included surgery, physical therapy and medication management. Progress notes from 2/18/2015 document full range of motion of the shoulder with negative Neer and Hawkins' Kennedy, 5/5 supraspinatus stress test with pain, 5/5 external rotation stress test, and 5/5 belly press and liftoff. In a progress note dated 4/15/2015, the injured worker complains of left shoulder pain. The treating physician is requesting left shoulder arthroscopy rotator cuff repair with Rotation Medical patch, preoperative medical clearance, 12 physical therapy visits and postoperative ultra-sling and cold therapy unit for 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lt Shoulder Arthroscopy Rotator Cuff Repair With Rotation Medical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): s 207, 210, and 211.

Decision rationale: The injured worker is a 55-year-old female with a date of injury of 3/18/2014. She underwent a left shoulder posterior labral repair, subacromial decompression and distal clavicle resection and biceps tenodesis on 3/12/2013. Documentation indicates that she fell 3 months post repair and reinjured the shoulder. The MRI scan of the left shoulder dated 11/21/2014 revealed stable postsurgical changes for labral repair and biceps tenodesis and partial claviclectomy. There was stable tendinopathy of the distal super and infraspinatus tendons. A small focal partial-thickness tear measuring less than 1 mm in width was noted, unchanged from the prior study of 4/7/2014. The disputed request pertains to repeat arthroscopy of the left shoulder with rotator cuff repair using a Rotation Medical patch. California MTUS guidelines indicate rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. For partial-thickness tears and small full-thickness tears the procedure is usually arthroscopic decompression which involves debridement of inflamed tissue, burring of the anterior acromion, lysis and sometimes removal of coracoacromial ligament and possibly removal of the lateral clavicle. The documentation indicates that this has already been done although there was no tear present at that time. The subsequent partial-thickness tear has been stable for a year. There is no limitation of motion documented. The guidelines indicate that partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging findings. As such, the request for a repeat arthroscopy with Rotation Medical patch is not supported by guidelines and the medical necessity of the request has not been substantiated.

Pre-Operative Medical Clearance (Chest X-Ray, EKG, CBC, BMP, PT/PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): s 207, 210, and 211.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): s 207, 210, and 211.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative DME (Ultrasling, Cold Therapy Unit times 7 Days): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): s 207, 210, and 211.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.