MAXIMUS Federal Services

Case Number:	CM13-0042090		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2012
Decision Date:	05/05/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 57-year-old gentleman who was injured in a work-related accident 09/13/12. Clinical records specific to the claimant's right shoulder indicate that in 2012 he underwent a right shoulder rotator cuff repair with biceps tenodesis. In the postoperative setting, he is now with continued complaints of pain. Postoperative MRI scan of 08/29/13 demonstrated no visualization of the long head of the biceps tendon consistent with prior surgical process with supraspinatus tendinosis and partial-thickness articular surface tearing with possibility of a focal full-thickness perforation not completely excluded. There was moderate infraspinatus tendinosis with no full-thickness tearing and degenerative hypertrophic changes about the acromioclavicular joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE REVISION OF RIGHT SHOULDER DECOMPRESSION, WITH POSSIBLE ROTATOR CUFF REPAIR BETWEEN 9/25/2013 AND 11/9/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guideline criteria.

Decision rationale: Shoulder Complaints Chapter ACOEM guidelines and Official Disability Guideline criteria, guidelines indicate a need for definitive diagnosis based on physical examination and imaging findings. While a full-thickness recurrent rotator cuff tear "could not

be excluded" by the claimant's imaging, when critically looking at his physical examination, there was no documentation of weakness noted on recent assessments for review. The claimant's clinical picture was highly consistent with impingement, for which there was no clinical documentations of recent treatment including injection therapy. The role of a surgical process based on the claimant's current clinical picture and lack of weakness on examination would fail to necessitate its need at present.

TWELVE POST OPERATIVE PHYSICAL THERAPY VISITS BETWEEN 9/27/2013 AND 11/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

ONE PAIN PUMP BETWEEN 9/27/13 AND 11/11/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

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