

Case Number:	CM14-0133535		
Date Assigned:	08/27/2014	Date of Injury:	10/13/2010
Decision Date:	10/27/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old male with a 10/13/10 date of injury, and arthroscopic right shoulder surgery on 11/1/13. At the time (6/9/14) of request for authorization for Right shoulder open rotator cuff repair with PRP injections at the time of surgery, there is documentation of subjective (increased right shoulder pain) and objective (tenderness to palpitation over the rotator cuff expanse on the right, decreased range of motion of the right shoulder, and positive impingement test and Neer's test) findings, imaging findings (reported MRI of the right shoulder (5/30/14) revealed recurrent supraspinatus full tear, recurrent dislocation, retraction and atrophy of infraspinatus muscle, and superior labral tear; report is not available for review), current diagnoses (shoulder periarthritis and status post arthroscopic shoulder surgery), and treatment to date (physical therapy, Cortisone injection, and medications). There is no documentation of additional subjective findings (pain with active arc motion 90 to 130 degrees and pain at night), additional objective findings (weak or absent abduction; and may also demonstrate atrophy over rotator cuff or anterior acromial area), and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder open rotator cuff repair with PRP injections at the time of surgery.: 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) Indications for Surgery Rotator cuff repair

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Subacromial Decompression American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page(s) 209-211

Decision rationale: MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective findings (pain with active arc motion 90 to 130 degrees and pain at night); objective findings (weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test)); and imaging findings (positive evidence of deficit in rotator cuff), as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of diagnoses of shoulder periarthrits and status post arthroscopic shoulder surgery. In addition, there is documentation of failure of 3 to 6 months of conservative care (including cortisone injections). However, despite documentation of subjective finding (increased right shoulder pain), there is no documentation of additional subjective findings (pain with active arc motion 90 to 130 degrees and pain at night). In addition, despite documentation of objective findings (limited range of motion, tenderness over rotator cuff, and positive impingement sign), there is no documentation of additional objective findings (weak or absent abduction; and may also demonstrate atrophy over rotator cuff or anterior acromial area). Furthermore, despite documentation of reported imaging findings (recurrent supraspinatus full tear, recurrent dislocation, retraction and atrophy of infraspinatus muscle, and superior labral tear), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request Right shoulder open rotator cuff repair with PRP injections at the time of surgery is not medically necessary.