

Case Number:	CM14-0144418		
Date Assigned:	09/12/2014	Date of Injury:	02/04/2012
Decision Date:	10/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

The claimant is a 51-year-old who injured the right shoulder in a work related accident on 02/04/12. The clinical records for review included the progress report of 08/13/14 describing continued complaints of shoulder pain and weakness. Physical examination was documented to show 150 degrees of forward flexion, 30 degrees of internal rotation, positive O'Brien's and Hawkin's impingement testing. There was 4/5 strength with internal rotation against resistance. Reviewed at that visit was the 05/21/14 MRI report that showed tendinosis of the bicep tendon with medial subluxation and a subscapularis rotator cuff tear with retractions. This review is for subscapularis repair, bicep tenodesis, decompression and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder subscapularis repair, biceps tenodesis, subacromial decompression (SAD), extensive debridement, synovectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 209-211, 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter. Wheelless' Textbook of Orthopaedics

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Surgery for ruptured biceps tendon (at the shoulder)

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for right shoulder subscapularis repair, biceps tenodesis, subacromial decompression (SAD), extensive debridement, and synovectomy is recommended as medically necessary. The medical records document that the claimant has evidence of rotator cuff tearing, biceps subluxation and inflammation and inflammatory impingement. He has failed conservative care. The role of operative procedure to include a rotator cuff procedure would be supported as medically necessary.

Large joint injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

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

Decision rationale: California ACOEM Guidelines would support a large joint injection. This would be considered the standard of care for the surgical process in question for pain relief in the postoperative setting. The surgical process has been approved thus supporting the intraoperative injection.

Ultrasling: Overturned

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, 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative abduction pillow sling

Decision rationale: The California MTUS and ACOEM Guidelines do not address this type of sling. The Official Disability Guidelines would support the use of an Ultra-sling postoperatively because the claimant has a rotator cuff tear with retraction. ODG recommends that Ultra- slings are indicated for larger massive rotator cuff repair procedures in the postoperative setting.

Polar care 7 day rental: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous-flow cryotherapy

Decision rationale: The California ACOEM Guidelines and supported by the Official Disability Guidelines would recommend the requested seven day use of a cryotherapy device. The role of operative intervention in this case has been established thus supporting a seven day use of the postoperative cryotherapy device.

Post-operative physical therapy 2x6 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Rehabilitative Guidelines also would support twelve sessions of initial physical therapy. The need for surgical intervention in this case has been established. Postoperatively, this would support an initial twelve sessions of physical therapy to regain motion and strength.