

Case Number:	CM14-0216453		
Date Assigned:	01/06/2015	Date of Injury:	02/07/2012
Decision Date:	03/04/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 57-year-old male who reported an injury on 02/07/2012. The mechanism of injury involved repetitive activity. The injured worker is currently diagnosed with right shoulder joint pain, right shoulder osteoarthritis, and right rotator cuff rupture. The injured worker presented on 12/08/2014 with complaints of persistent right shoulder pain. It was noted that the injured worker underwent a right shoulder arthroscopy in the past, which reportedly revealed a nonoperable rotator cuff tear. The injured worker has had right shoulder pain with activity limitation and insomnia. The current medication regimen includes ibuprofen 200 mg. Upon examination, there was atrophy of the infraspinatus on the right, with tenderness to palpation over the right shoulder lateral acromion and subacromial bursa. There was 3/5 motor weakness with positive empty can test, positive drop arm test, and positive Neer and Hawkins tests. An unofficial MRI of the right upper extremity reportedly revealed a massive rotator cuff tear with atrophy and degenerative arthritic changes. Treatment recommendations at that time included an arthroscopy for diagnostic and therapeutic purposes to repair the rotator cuff. There was no Request for Authorization form submitted for this review.

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, decompression, and RTC graft of the right shoulder:
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 Chapter, Surgery for rotator cuff repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength and clear clinical and imaging evidence of a lesion. While it is noted that the injured worker does have positive examination findings, there were no official imaging studies provided for this review. The provider noted a full thickness rotator cuff tear within the documentation provided; however, in the absence of an official imaging study, the current request cannot be determined as medically appropriate.

Polar care unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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