

Case Number:	CM14-0216822		
Date Assigned:	01/06/2015	Date of Injury:	03/06/2013
Decision Date:	03/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/26/2014

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 63-year-old male who reported an injury on 03/06/2013. The mechanism of injury was not provided. The documentation indicated the injured worker underwent a left shoulder arthroscopy on 04/17/2014. Prior therapies included physical therapy and anti-inflammatory medications. The documentation of 12/05/2014 revealed the injured worker had pain in the left shoulder that was severe and was keeping him up at night. The pain was noted to be aggravated by reaching. The last physical therapy was noted to be in 09/2014 and it did not resolve the problem. The injured worker tried injections of corticosteroids. The injured worker had anti-inflammatory medications. The CT arthrogram revealed the injured worker had an interstitial tear at the supraspinatus and infraspinatus junction originating from the articular surface perforation without significant change. It was noted it could be arthroscopically occult given the location and small appearance. There was no evidence of a large retracted re-tear of the rotator cuff tendons. The proximal aspect of the biceps long head tendon appeared to be intact. There was noted to be a biceps long head tendon rupture off the biceps anchor. There was no full thickness cartilage defect identified. The physical examination revealed tenderness over the greater tuberosity and the injured worker had a positive impingement test. The injured worker had pain putting his arm through a swimming motion and had weakness on external rotation. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with possible conversion to open rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that surgical consideration may be appropriate for an injured worker who has a red flag condition with activity limitation for more than 4 months plus the existence of a surgical lesion and a failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus the existence of a surgical lesion and who has clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term. A rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Surgery is reserved for cases failing conservative therapy for 3 months. The clinical documentation submitted for review indicated the injured worker had physical therapy in 09/2014. However, there was a lack of documentation of the duration of physical therapy. The injured worker had objective findings upon physical examination; however, given the lack of documentation indicating the duration of physical therapy, this request would not be supported. Given the above, the request for left shoulder arthroscopy with possible conversion to open rotator cuff repair is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

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.