

Case Number:	CM14-0217489		
Date Assigned:	01/07/2015	Date of Injury:	05/15/2013
Decision Date:	03/03/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 63 year old male with a date of injury of May 15, 2013. Results of the injury include left shoulder pain. Diagnosis included massive rotator cuff tear of the supraspinatus and subscapularis tendons, status post supraspinatus tendon repair with retear of the supraspinatus tendon, tear of the biceps tendon, status post previous biceps tenodesis, and superior glenoid labral tear. Treatment has included massive rotator cuff repair on January 9, 2014, home exercise program, and follow up care. Magnetic Resonance Imaging scan of the left shoulder dated October 10, 2014 revealed re-torn supraspinatus tendon with mild proximal retraction, complete tear of the sub scapularis tendon with significant proximal retraction visualized, partial interstitial tear of the infraspinatus tendon suspected, tear of the long head of the biceps tendon at the biceps anchor with distal retraction, superior glenoid labral tear, and acromioclavicular joint arthropathy. Progress report dated December 12, 2014 showed mild tenderness over the rotator cuff region. There was a positive impingement syndrome and a positive Hawkin's test. Disability test was noted as temporary partial disability. Treatment plan was for a reattempt at left shoulder arthroscopic rotator cuff repair. Utilization review form dated December 23, 2014 modified left shoulder rotator cuff repair, labral repair, preoperative clearance including CXR and EKG, one postoperative shoulder sling, and postoperative physical therapy to the left shoulder three times a week x 4 weeks according to the MTUS, Official Disability Guideline, and American Academy of Orthopedic Surgeons guidelines. The CPM machine rental for 14 days was non certified according to noncompliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

left shoulder rotator cuff repair labral repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Shoulder chapter, regarding surgery for SLAP lesions"

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: Surgery for rotator cuff repair

Decision rationale: The results of revision rotator cuff repair are inferior to those of primary repair. While pain relief may be achieved in most patients, selection criteria should include patients with an intact deltoid origin, good-quality rotator cuff tissue, preoperative elevation above the horizontal, and only one prior procedure. In this case the patient has had only one prior procedure and left shoulder range of motion is above horizontal. However, there is significant residual injury to the left rotator cuff. There are complete tears of the supraspinatus and subscapularis tendons and a partial tear to the infraspinatus tendon. Patient selection criteria for rotator cuff revision are not met. The request should not be authorized.

pre operative clearance including CXR and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: Surgery for rotator cuff repair

Decision rationale: The results of revision rotator cuff repair are inferior to those of primary repair. While pain relief may be achieved in most patients, selection criteria should include patients with an intact deltoid origin, good-quality rotator cuff tissue, preoperative elevation above the horizontal, and only one prior procedure. In this case the patient has had only one prior procedure and left shoulder range of motion is above horizontal. However, there is significant residual injury to the left rotator cuff. There are complete tears of the supraspinatus and subscapularis tendons and a partial tear to the infraspinatus tendon. Patient selection criteria for rotator cuff revision are not met. The surgery is not recommended. Therefore the preoperative clearance including CXR and EKG is not medically necessary. The request should not be authorized.

CPM machine rental for 14 days for the left 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Shoulder: Surgery for rotator cuff repair

Decision rationale: CPM machine rental for 14 days is requested in anticipation of use postoperatively. The results of revision rotator cuff repair are inferior to those of primary repair. While pain relief may be achieved in most patients, selection criteria should include patients with an intact deltoid origin, good-quality rotator cuff tissue, preoperative elevation above the horizontal, and only one prior procedure. In this case the patient has had only one prior procedure and left shoulder range of motion is above horizontal. However, there is significant residual injury to the left rotator cuff. There are complete tears of the supraspinatus and subscapularis tendons and a partial tear to the infraspinatus tendon. Patient selection criteria for rotator cuff revision are not met. The surgery is not recommended. Therefore the CPM machine rental for 14 days is not medically necessary. The request should not be authorized.

post operative physical therapy to the left shoulder three times a week for four weeks:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Shoulder: Surgery for rotator cuff repair

Decision rationale: The results of revision rotator cuff repair are inferior to those of primary repair. While pain relief may be achieved in most patients, selection criteria should include patients with an intact deltoid origin, good-quality rotator cuff tissue, preoperative elevation above the horizontal, and only one prior procedure. In this case the patient has had only one prior procedure and left shoulder range of motion is above horizontal. However, there is significant residual injury to the left rotator cuff. There are complete tears of the supraspinatus and subscapularis tendons and a partial tear to the infraspinatus tendon. Patient selection criteria for rotator cuff revision are not met. The surgery is not recommended. Therefore the postoperative physical therapy is not medically necessary. The request should not be authorized.