

Case Number:	CM15-0127326		
Date Assigned:	07/14/2015	Date of Injury:	12/23/2011
Decision Date:	08/18/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/02/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 60-year-old male with a date of injury of 12/23/2011. He is status post 2 surgical procedures on the right shoulder with re-tearing of the rotator cuff. MR arthrogram of the right shoulder performed on May 4, 2015 revealed a type II acromion. There was a full-thickness tear involving the supraspinatus tendon with approximately 3.7 cm retraction of the torn tendon fibers. The subscapularis tendon appeared irregular superiorly suggestive of partial thickness tearing. Subcoracoid impingement may be present. There had been a prior Mumford procedure. The study was limited by patient motion and large body habitus, which decreased the sensitivity and specificity of this study. Progress notes dated May 6, 2015 document pain levels of 6/7/10. Examination of the right shoulder revealed active abduction of 80° and flexion 100°. External rotation with the arm at the side is 30°. Neer and Hawkins-Kennedy testing was positive. O'Brien's test was positive. The drop arm sign was mildly positive. The provider opined that the options at this time included an open rotator cuff repair with augmentation versus a reverse total shoulder arthroplasty. An appointment was scheduled with [REDACTED]. On 5/29/2015, [REDACTED] recommended an open rotator cuff repair with graft augmentation and limited arthroscopic glenohumeral debridement. The request was modified by utilization review to an open rotator cuff repair and limited arthroscopic glenohumeral debridement. ODG guidelines were cited. It is now appealed to an IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with open rotator cuff repair and limited arthroscopic glenohumeral debridement: 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), Shoulder Chapter, Graft, Rotator cuff.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Graft, rotator cuff, Revision rotator cuff repair.

Decision rationale: CA MTUS guidelines do not address revision rotator cuff repairs and graft augmentation. ODG guidelines are therefore used. ODG guidelines indicate that rotator cuff grafts are under study. Over the past few years many biologic patches have been developed to augment repairs of large or complex rotator cuff tendon tears. These patches include both allografts and xenografts. Regardless of their origins these products are primarily composed of purified type I collagen. There is a lack of studies demonstrating which ones are effective. For short-term periods, restoring a massive rotator cuff tendon defect with synthetic grafts can give significant pain relief but there is still some risk of new tears. Bioengineered tissue grafts for shoulder surgery are not recommended until there are quality studies. With regard to revision rotator cuff repairs, ODG guidelines indicate that the results of revision rotator cuff repair are inferior to those of primary repair. 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, they have been 2 prior procedures documented. As such, the guidelines do not recommend a revision rotator cuff repair. In light of the foregoing, the request for a revision rotator cuff repair with graft augmentation is not supported and as such, the medical necessity of the request has not been substantiated.