

Case Number:	CM15-0063210		
Date Assigned:	04/09/2015	Date of Injury:	03/16/2010
Decision Date:	05/20/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/02/2015

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 42 year old female who sustained an industrial injury on 03/16/2010. Current diagnoses include right shoulder impingement syndrome with re-tear of infraspinatus tendon. Previous treatments included medication management and previous shoulder surgeries. Previous diagnostic studies included MR arthrogram right shoulder. Initial injury occurred when the worker lifted a keg causing right shoulder pain. Report dated 02/13/2015 noted that the injured worker presented for right shoulder consult with complaints of right shoulder pain, which radiates to the bicep and cervical spine. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included in office right shoulder x-rays, request for right shoulder surgery and associated surgical services, request for pre-operative neurology evaluation due to grand mal intraoperative seizure which occurred during her second shoulder surgery, pre-op urine drug screen, initiate Tramadol and naproxen, request for anesthesia records, dispensed comfort sling, and follow-up in 4 weeks or immediately if needed. Requested treatments include one (1) right shoulder arthroscopy subacromial decompression/Mumford procedure with revision repair of infraspinatus tendon with suture anchors and injection of platelet rich plasma and one (1) pre-operative medical clearance with a neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right shoulder arthroscopy subacromial decompression/Mumford procedure with revision repair of infraspinatus tendon with suture anchors and injection of platelet rich plasma: 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, Arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Platelet rich plasma.

Decision rationale: The documentation provided indicates that utilization review has certified the surgical procedure and the associated surgical requests with the exception of platelet rich plasma and the preoperative neurology consultation. ODG guidelines indicate the platelet rich plasma is under study as a solo treatment. It is recommended as an option in conjunction with arthroscopic repair for large or massive rotator cuff tears. PRP looks promising but it may not be ready for primetime as a solo treatment. The documentation does not indicate a large or massive rotator cuff tear. As such, the request for platelet rich plasma is not supported and the medical necessity of the request has not been substantiated. Therefore the requested treatment is not medically necessary.

One (1) pre-operative medical clearance with a neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Office visits.

Decision rationale: With regard to the neurology consultation, the guidelines indicate that office visits to the offices of medical providers are encouraged if determined to be medically necessary. However, the injured worker has not had any documented neurological problem since the prior surgery. As such based upon the absence of comorbidities, the request for a neurology consultation is not supported and the medical necessity of the request has not been substantiated. Therefore, the requested treatment is not medically necessary.