

Case Number:	CM15-0094057		
Date Assigned:	05/20/2015	Date of Injury:	07/02/2013
Decision Date:	06/19/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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: California, Indiana, Oregon
 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 58-year-old male, who sustained an industrial injury on 7/2/13. He reported injury to his left shoulder after lifting a heavy object. The injured worker was diagnosed as having complete rupture of rotator cuff, displacement of cervical disc without myelopathy, carpal tunnel syndrome and lesion of the ulnar nerve. Treatment to date has included an EMG/NCV study, a cervical MRI, left shoulder surgery on 12/10/13 and a left shoulder arthrogram showing a retracted rotator cuff tear and glenohumeral arthritis on 4/14/14. On 3/17/15, the left shoulder x-ray showed glenohumeral arthritis. As of the PR2 dated 4/14/15, the injured worker reports continued left shoulder pain. Objective findings include flexion 160 degrees, abduction 160 degrees and external rotation 90 degrees. He has a negative Hawkin's and Neer test. The left elbow has full range of motion and a positive Tinel's sign. The treating physician requested a left shoulder rotator cuff reconstruction with possible xenograft augmentation and abduction pillow for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Rotator Cuff Reconstruction with Possible Xenograft Augmentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Rotator Cuff Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: The CA MTUS/ACOEM is silent on the issue of grafts for massive rotator cuff tears. According to the ODG, grafts for the rotator cuff 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 allograft 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. As the guidelines do not support the use of grafts for massive rotator cuff tears, the request is not medically necessary.

Associated Surgical Service: Abduction Pillow (purchase): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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