REDACTED PAGE

MEDICAL PROFESSIONAL REVIEW

ISSUE AT DISPUTE:

Whether the Arthroscopy, Shoulder, Surgical – Rotator Cuff Repair is/was medically necessary.

CASE SUMMARY:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated 02/01/2013.

"This 54 year old male was injured on 1/8/13. The mechanism of injury occurred when the patient was lifting two buckets of paint when he felt a strain in his shoulders. He has a long history of bilateral shoulder pain following a head-on motor vehicle accident. The pain had been present for at least six years. His current diagnoses were bilateral rotator cuff tendinopathy and impingement with partial tear to the rotator cuff. The information provided noted that he was a painter and was referred for problems of bilateral shoulder pain to Dr. [redacted] on 1/28/13. He was complaining of constant pain which was worse with use. It began five years ago after a head-on motor vehicle accident. The shoulder pain initially improved but several years ago began to get worse and had gotten worse as a result of the recent accident. He had no conservative treatment since then. The problem was discussed with the patient and surgery was recommended. The physical examination on 1/28/13 showed pain with any range of motion. He only had 100 degrees of forward flexion. He had weakness in the shoulder measuring 4+/5 with internal and external rotation. The pain was symmetrical in both shoulders. He had tenderness over the subacromial space and positive impingement. There was a type 3 acromion with a small os. The MRI showed a partial-thickness tear in the subscapularis without retraction. The doctor recommended surgical intervention. EXPLANATION OF FINDINGS: NON-CERTIFIED – Right shoulder possible rotator tear and biceps tenodesis/tenotomy. This patient had a chronic history of this problem and the recent injury which was approximately three weeks ago had not been treated with any conservative treatment to see whether he could be taken back to his baseline status. There was no documentation of a full-thickness tear. There was no documentation of recent attempted subacromial injection. He had this in the past and it was not apparent why he cannot have another injection rather than simply moving directly to surgery without any attempted conservative treatment. The California MTUS, ACOEM Guidelines state that, 'Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery.' It was only three weeks from the time of injury and there was no documentation of conservative care in this case and as a result, the request is considered not medically necessary and not certified. From a causation standpoint, the shoulder problems were bilateral and the recent 'injury' had perhaps exacerbated the prior problem which had been present for years. It was not clear that this was an aggravation and without attempted conservative treatment to see whether he can be taken back to baseline."

DOCUMENTS REVIEWED FOR DETERMINATION:

1. Application for IMR
2. Physician Review Recommendation (prepared by [redacted] for [redacted] (dated 1/30/13)
3. Utilization Review Letter (dated 2/1/13)
4. [redacted] Authorization Request for Consultation/Diagnostic Studies (dated 1/17/13)
5. Employee's Medical Records from [redacted] (dated 1/16/13 through 3/26/13)
6. Letter from [redacted] to [redacted] Regarding Patient's Condition (dated 1/29/13)

MEDICAL TREATMENT GUIDELINE(S) RELIED UPON BY PROFESSIONAL REVIEWER AND WHY:

The Claims Administrator cited the American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, 2004. The provider did not indicate which medical treatment guideline s/he relied upon. The professional reviewer relied upon the same guidelines as the claims administrator. The professional reviewer determined that the guidelines utilized provided the highest degree of medical appropriateness in his or her determination.

RATIONALE FOR WHY THE REQUESTED TREATMENT/SERVICE IS/WAS NOT MEDICALLY NECESSARY:

There is a lack of documentation to support the presence of rotator cuff damage requiring surgical intervention, and also a lack of documentation of conservative management, and the response to it.

When these become available, and are documented in the record, there may be need of surgical intervention

MEDICAL REVIEWER QUALIFICATIONS:

The reviewer is a board certified Orthopedic Surgeon. He is licensed in the state of New Jersey. The reviewer is knowledgeable in the treatment of the employee's medical condition, knowledgeable about the proposed treatment, and familiar with the guidelines and protocols in the area of the treatment under review. The reviewer holds a current certification by a recognized medical specialty board in the area or areas appropriate to the treatment under review and has no history or disciplinary action or sanctions against his or her license.

The determination of MAXIMUS and our professional reviewer is deemed to be the final determination of the administrative director, DWC.

However, in accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the aggrieved employee or the aggrieved employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

IMR Manager