

Case Number:	CM13-0001242		
Date Assigned:	05/02/2014	Date of Injury:	12/08/2010
Decision Date:	06/09/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/12/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 46-year-old female who was injured in work related accident on 12/08/10. She sustained injuries to the bilateral shoulders. Specific to the left shoulder the records provided for review include a 12/04/12 MRI scan showing distal supraspinatus tendinosis with fraying but no indication of full thickness pathology; there was an effusion with no other findings noted. Recent clinical report of February 12, 2014 indicated subjective complaints of bilateral shoulder pain, left greater than right, noting no recent benefit with conservative measures. Objectively the left shoulder had 5/5 motor strength with the exception of shoulder abduction at 4+/5. There was positive Hawkins and positive drop arm testing. There is documentation of a prior left shoulder surgery on 07/14/11 in the form of an arthroscopy, subacromial decompression and distal clavicle excision. Surgical intervention for revision arthroscopy and decompression was recommended. There is no current documentation of recent physical therapy or injection care noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY DECOMPRESSION OF SUBACROMIAL SPACE WITH DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 211.

Decision rationale: Based on California ACOEM Guidelines, the role of revision decompression in this case would not be indicated. This individual has already undergone a subacromial decompression in 2011 with no documentation of recent conservative care including physical therapy or injections. The role of a revision acromioplasty in absence of conservative care would not be supported based on clinical records for review.

ASSISTANT SURGEON: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

COLD THERAPY, 7 DAY RENTAL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

POST-OP PHYSICAL THERAPY TO THE LEFT SHOULDER, #12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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