

Case Number:	CM13-0007444		
Date Assigned:	01/03/2014	Date of Injury:	09/11/2008
Decision Date:	05/19/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/06/2013

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:

This is a 58-year-old female who was injured in a work related accident 09/11/08. Clinical records specific to the claimant's right shoulder include a 02/27/13 progress report indicating complaints of bilateral shoulder pain, stating the left shoulder is now status post two prior surgical procedures with continued complaints of right shoulder pain. Objective findings on that date showed no significant change. Recommendations for treatment were for continued use of Norco, Gabapentin, Flexeril, topical Bio-Freeze and a continued course of formal physical therapy. Previous imaging to the shoulder includes a July 16, 2013 MRI showing supra and infraspinatus tendinosis with mild AC joint osteoarthritis and no definitive rotator cuff or labral tearing. A previous orthopedic assessment from 07/16/13 by [REDACTED] indicated right shoulder pain with examination showing full range of motion with tenderness over the AC joint and positive impingement. There was no documented rotator cuff weakness. Surgical intervention in the form of a subacromial decompression, distal clavicle excision and rotator cuff repair was recommended at that date given the claimant's failed conservative measures. Further review of the records indicates treatment has included physical therapy and trigger point injections, but no documentation of subacromial injection to the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC: 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.

COMPREHENSIVE METABOLIC PANEL: 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.

ELECTROCARDIOGRAM: 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.

RIGHT SHOULDER ACROMIOPLASTY, MUMFORD, POSSIBLE ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: Based on California ACOEM guidelines, the surgical procedure to the shoulder would not be indicated. While clinical records indicate inflammatory changes to the supra and infraspinatus tendon based on MRI, there is no documentation of previous treatment including corticosteroid injections. Guidelines would not support the role of surgery for impingement in absence of three to six months of conservative measures including injection therapy. Furthermore, in this instance there is no indication of full thickness rotator cuff tearing or documentation of partial thickness rotator cuff tearing that would necessitate a rotator cuff repair. The request is not medically necessary.