

Case Number:	CM13-0013556		
Date Assigned:	09/25/2013	Date of Injury:	09/25/2011
Decision Date:	03/12/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 29 year old female who was injured September 25, 2011 sustaining an injury to the left shoulder. Clinical records in this case indicate that since the time of the work related injury the patient has undergone a left shoulder arthroscopy on May 7, 2012. A follow up report of June 24, 2013 with [REDACTED] indicated ongoing complaints of pain about the shoulder since time of surgery. It documents recent treatment including Corticosteroid injections, physical therapy, and prior surgical process. Physical examination findings showed 90 degrees of forward flexion with painful strength examination and tenderness to palpation at the shoulder girdle. It states a postoperative MRI scan shows the rotator cuff to be with tendinosis with no full thickness tearing. Surgical process in the form of a revision arthroscopy, decompression, and rotator cuff repair was recommended. Records do not indicate what recent treatment has been utilized since time of patient's surgical process of 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left Shoulder Arthroscopy decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California ACOEM Guidelines, repeat arthroscopy and decompression would not be indicated. Records in this case indicate that the patient has

previously undergone a surgical arthroscopy for the diagnosis of impingement and has not shown evidence of functional improvement. It would appear unclear at this stage in patient's clinical course with her current clinical presentation as to why a repeat procedure that was already performed would yield a different benefit. The specific request in this case fails to meet guideline criteria.

Rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California ACOEM Guidelines, the role of a rotator cuff repair would not be indicated. Records for review indicate a postoperative MRI scan that fails to demonstrate full thickness rotator cuff pathology or documented weakness on examination. The specific request for rotator cuff repair in the setting of this patient's clinical picture would not be indicated.

Postoperative PT x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.

Postoperative Splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.

Postoperative polar care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.