

Case Number:	CM13-0019405		
Date Assigned:	12/27/2013	Date of Injury:	08/03/2010
Decision Date:	03/14/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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. 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 patient is a 57-year-old male who reported an injury on 08/03/2010. The mechanism of injury involved a fall. The patient is diagnosed with right shoulder impingement with possible partial rotator cuff tear and symptomatic meniscus tear in the left knee. The patient was seen by [REDACTED] on 11/20/2013. The patient reported right shoulder pain with activity and left knee discomfort with buckling. Physical examination of the right shoulder revealed 1+ anterior tenderness, normal range of motion, negative impingement testing, and 5/5 rotator cuff strength bilaterally. Treatment recommendations included a possible left knee arthroscopy and right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Decompression, Rotator Cuff Evaluation, Modified Mumford Repair and Evaluation of Biceps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation and Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. As per the documentation submitted, the patient's physical examination revealed normal range of motion, 5/5 rotator cuff strength bilaterally, and negative impingement testing. Documentation of significant musculoskeletal or neurological deficit was not provided. Additionally, there is no evidence of functional activity limitation or a failure to increase range of motion and strength after physical therapy. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.

Complete Blood Count and Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing.

Decision rationale: Official Disability Guidelines state preoperative testing, including chest radiography, laboratory testing, and echocardiography is often performed before surgical procedures. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, the patient does not maintain a medical history of significant comorbidities. As the patient's surgical procedure has not been authorized, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. As per the documentation submitted, the patient's physical examination revealed normal range of motion, 5/5 rotator cuff strength bilaterally, and negative impingement testing. Documentation of significant musculoskeletal or neurological deficit was not provided. Additionally, there is no evidence of functional activity limitation or a failure to increase range of motion and strength after physical therapy. The medical necessity for the requested procedure

has not been established. As the patient's surgical procedure has not been authorized, the request for an assistant surgeon is also not medically necessary. Therefore, the request is non-certified.

History and Physical Exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing.

Decision rationale: Official Disability Guidelines state preoperative testing, including chest radiography, laboratory testing, and echocardiography is often performed before surgical procedures. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, the patient does not maintain a medical history of significant comorbidities. As the patient's surgical procedure has not been authorized, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.