

Case Number:	CM13-0021569		
Date Assigned:	03/14/2014	Date of Injury:	04/08/2013
Decision Date:	06/10/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/09/2013

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 General Surgery and is licensed to practice in Texas. 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 49 year old female claimant who sustained an alleged work injury on 4/8/13 when a Hoyer Lift apparatus with a patient still in the device fell on her right shoulder. She was seen at [REDACTED] and underwent physical therapy from just after the date of injury through 5/13/13. Despite multiple physical therapy sessions the claimant failed to progress and had reports of persistent pain and Range of motion restrictions of the right shoulder. She was referred to [REDACTED] for an orthopedic opinion on 8/16/13. Physical examination was positive for Speed's, Neer's and Hawkin's testing. MRI report of 6/4/13 of the right shoulder documents 1) moderate arthrosis of the Acromioclavicular joint, 2) supraspinatous tendonosis; and 3) degenerative changes of the posterior labrum. But the bicepatal tendon was noted to be intact. The Acromion was labeled as Type 1. [REDACTED] opined that the claimant has a) right shoulder tenosynovitis and b) bursitis and internal derangement. [REDACTED] also documents that during that visit the claimant was recommended to have shoulder injection but declined and preferred to pursue surgery immediately. The request was for Right shoulder arthroscopy with decompression of subacromial space and debridement, right shoulder open tenodesis, assistant surgeon, preoperative CBC, Chemistry panel, UA (urinalysis), EKG (electrocardiogram) and chest Xray. The request for sugery was non-certified on 9/3/13 as there was no invidence that the patient has undergone a trial of injections. The prior reviewer also noted that the Type I acromion is not a pain generator and the moderate AC arthrosis with osteophytes will be incompletely addressed with the current plan. The peer reviwere also noted that the bicipital tenidosis confounds the picture as the possible main pain generator. The peer reviewer noted that all conserative measures should be undertaken prior to surgery.

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 OF SUBACROMIAL SPACE AND DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

Decision rationale: The claimant has requested surgery declining injection of the shoulder. Given the primary diagnoses of tenosynovitis and bursitis, it is premature to consider surgery. Moreover the MRI documents a Type 1 Acromion which should be amenable to conservative care. The injection has both prognostic and therapeutic value. There is no clear delineation of the pain generators such that surgical intervention is warranted. The request is neither medically necessary nor appropriate.

RIGHT SHOULDER ARTHROSCOPY WITH DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

Decision rationale: The claimant has requested surgery declining injection of the shoulder. Given the primary diagnoses of tenosynovitis and bursitis, it is premature to consider surgery. Moreover the MRI documents a Type 1 Acromion which should be amenable to conservative care. The injection has both prognostic and therapeutic value. There is no clear delineation of the pain generators such that surgical intervention is warranted. The request is neither medically necessary nor appropriate.

RIGHT SHOULDER OPEN TENODESIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The MRI report reveals an intact biceps tendon such the open repair as requested is not medically necessary. ACOEM holds that biceps tendon ruptures are generally degenerative in nature and its repair is not medically necessary for function. Therefore the open tenodesis is not medically necessary or appropriate.

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.

PRE-OPERATIVE PROTINE: 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.

PRE-OPERATIVE 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.

PRE-OPERATIVE CHEMISTRY 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.

PRE-OPERATIVE U/A: 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.

CHEST X-RAY: 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.

PRE-OPERATIVE EKG: 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.