

<b>Case Number:</b>	CM13-0030787		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Sports Medicine, 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. 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 42-year-old injured worker who reported an injury on 09/04/2012. The patient is currently diagnosed with left shoulder pain, biceps tendinitis, and AC arthropathy of the left shoulder. The patient was recently seen by [REDACTED] on 11/06/2013. The patient reported continuous left shoulder pain. Physical examination revealed irritability with range of motion, positive provocative maneuvers, 110 degrees flexion, 110 degrees abduction, 70 degrees external rotation, 50 degrees internal rotation, tenderness over the AC joint, and positive impingement and apprehension sign. Treatment recommendations included continuation of current medications, continuation with home and gym exercise programs, and an appeal request for an arthroscopy of the left shoulder, biceps tenodesis, and resection arthroplasty of the distal clavicle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder Arthroscopy, biceps tenodesis, resections distal clavicle, quantity 1: 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): 209-211.

**Decision rationale:** The 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 around the shoulder after exercise programs, and clear clinical and imaging evidence of a lesion. As per the clinical notes submitted, the patient underwent a diagnostic arthroscopy with subacromial synovectomy and SLAP repair, in the left shoulder on 11/20/2012. The only MRI of the left shoulder submitted for this review was a preoperative MRI dated 09/27/2012. Therefore, without a current imaging study, there is a lack of imaging evidence of impingement or a biceps abnormality. There is also no evidence of a recent failure to respond to conservative treatment including a course of physical therapy or temporary relief obtained with an anesthetic injection. The request for Left shoulder Arthroscopy, biceps tenodesis, resections distal clavicle, quantity, is not medically necessary and appropriate.

**Pre-operative visit PCP, quantity 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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 Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) pgs. 89-92.

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

**Surgical Assistant, quantity 1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) pgs. 89-92.

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

**Post-operative physical therapy, left shoulder, quantity12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

**Cold therapy unit, quantity 1: 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) Shoulder Chapter, Continuous-flow cryotherapy.

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

**Knee Brace, quantity1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

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