

Case Number:	CM13-0032737		
Date Assigned:	12/06/2013	Date of Injury:	12/17/2011
Decision Date:	03/04/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	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 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 49-year-old gentleman who was injured in a work related accident on December 17, 2011 sustaining an injury to the left shoulder. The clinical records available for review include an MRI report of the left shoulder dated June 14, 2012 that showed moderate impingement syndrome, tendinosis of the rotator cuff with a SLAP deformity at the glenoid labrum indicative of a tear. The most recent clinical progress report for review is an August 15, 2013 assessment stating continued complaints of pain about the shoulder with objective findings including tenderness to palpation, restricted range of motion and weakness to the hand. The claimant was diagnosed with a rotator cuff tear, osteoarthritis and history of "left shoulder dislocation". A repeat MRI scan was recommended as well as activity restrictions. Recent conservative care is somewhat vague. There is surgical request at present for a shoulder arthroscopy on the left with subacromial decompression, rotator cuff repair and labral surgery. There are also requests for presurgical workup to include laboratory testing and echocardiogram, postoperative physical therapy, the role of a cryotherapy device as well as medical transportation for the procedure in question. Further clinical imaging is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

left shoulder arthroscopic subacromial decompression and labral and rotator cuff repair:
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): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for SLAP revisions.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the surgical process would not be indicated. Records do not indicate rotator cuff pathology on formal physical examination or prior imaging. The acute need of a rotator cuff repair with negative imaging to support a full thickness rotator cuff tear would not be indicated at this time. While previous MRI of 2012 was indicative of a labral tear, the clinical lack of correlation between exam findings and the claimant's recent conservative course would not support the proposed surgery in question.

Pre-surgical work-up treatment (CBC, Chem 7, PTT, EKG, and 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.

Postoperative physiotherapy and work conditioning for the left shoulder (18 sessions):
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.

six week rental of a Aircast Cryo-Cuff for cold and compression therapy: 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 items/services are medically necessary.

Medical transportation: 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.