

Case Number:	CM13-0042422		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2001
Decision Date:	06/20/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation, 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 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:

The injured worker is a 52-year-old male who reported injury on 03/07/2001. The mechanism of injury was not provided. The documentation of 09/05/2013 revealed the injured worker's right shoulder was somewhat better since surgery. The injured worker had crepitus in the left shoulder, a positive cross over, and positive scapula thoracic crepitus. The injured worker had elevation to 120 degrees. The injured worker underwent x-rays which revealed adequate Mumford, a type 1 acromion, and degenerative changes in the acromioclavicular (AC) along with a downsloping acromion. The treatment plan included physical therapy, and an injection in the left shoulder. The injured worker was noted to have had an MRI which showed shoulder pathology. The treatment plan included a left shoulder arthroscopy, subacromial decompression, physical therapy 3 times a week for 4 weeks for the left shoulder, and preoperative medical clearance. The diagnoses included bilateral shoulder impingement status post right shoulder arthroscopy with subacromial decompression, subpectoral biceps tenodesis, and rotator cuff debridement on 02/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES 2004, 2ND EDITION, 9, 209 AND 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The MTUS/ACOEM Guidelines indicate a referral for a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months plus the existence of a surgical lesion, a failure to increase range of motion and strengthen the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Additionally, they indicate that the treatment for impingement syndrome is arthroscopic decompression. There should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. The clinical documentation submitted for review indicated the injured worker had trialed physical therapy and an injection in the left shoulder. The injured worker had a left shoulder x-ray that revealed degenerative changes in the acromioclavicular (AC). There was a lack of documentation indicating the injured worker had failed physical therapy and there was no documentation submitted indicating the injured worker's response to the injection in the left shoulder. There was no official MRI report provided for review. Given the above, the request for a left shoulder arthroscopy subacromial decompression is not medically necessary.

PHYSICAL THERAPY 3XWK 4 WKS LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES.

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 MEDICAL CLEARANCE: 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.