MAXIMUS Federal Services

Case Number:	CM13-0043853		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2012
Decision Date:	02/27/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/31/2013

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. 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 47-year-old female was injured on 9/13/12. There has been concern in this case over a right shoulder instability problem. The records provided document a fall and subsequent shoulder pain; however, there is no dislocation event related to the fall in September 2012. There are no records documenting any type of instability since that time. The records provided document a history of a right shoulder dislocation at the age of 20 and three dislocations since the age of 20, the last being in 2010. There is documentation that this claimant was treated conservatively and rehabbed her way through the most recent dislocation event. The comprehensive orthopedic consultation note dated 11/27/12 documented the injury as a right shoulder strain injury. [redacted] stated that the MRI does not demonstrate any evidence of obvious pathology and that only conservative care and no surgery was indicated in this case. Examination by [redacted] on 1/28/13 demonstrated no instability. This claimant was seen by [redacted] on 2/18/13. [redacted] documented an examination consistent with anterior apprehension and provided a diagnosis of right shoulder instability. He reviewed an MR arthrogram performed on 2/7/13 which he felt showed a healed inferior labral lesion in addition to the Hill-Sachs lesion. [redacted] recommended surgery in the form of repair of the labral lesion versus capsulorrhaphy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic capsulorraphy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

Decision rationale: A right shoulder arthroscopic capsulorrhaphy would not be considered medically necessary and appropriate based on the records provided in this case and the Official Disability Guidelines. Official Disability Guidelines specifically state that capsulorrhaphy is only indicated if there is a history of multiple dislocations that limit activities of daily living in addition to apprehension findings on examination and/or imaging that demonstrates an injury to the humeral head. In this case, there is no documentation of multiple dislocation events that are presently inhibiting activities of daily living. Absent appropriate history of instability, capsulorrhaphy surgery cannot be certified.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgerons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care GuidelinesÂ® Inpatient and Surgical Care 17th Edition, Assistant Surgeon Guidelines.

Decision rationale: An assistant surgeon is not deemed medically necessary as the requested surgery was deemed not medically necessary.

Pre-op appointment for physical, labs, UA, EKG, CSR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

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.

Decision rationale: Pre-op appointment for physical, labs, urinalysis, EKG, and CSR are not deemed medically necessary as the requested surgery was deemed not medically necessary.

Cold unit: 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.

Decision rationale: A cold unit is not deemed medically necessary as the requested surgery was deemed not medically necessary.

Post op physical therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Post-operative physical therapy times twelve is not deemed medically necessary as the requested surgery was deemed not medically necessary.