

Case Number:	CM13-0045106		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2013
Decision Date:	04/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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:

Patient is a 30-year-old male with an industrial injury of the left shoulder on 8/13/13. Exam notes from 9/11/13 demonstrate the patient had completed five physical therapy treatments, which are helping with function and a home exercise program. An MRI from 10/3/13 demonstrates a labral cyst and probable non-displaced labral tear. Exam notes from 10/8/13 demonstrate that patient reports "popping" when he raises his arm up, and he has difficulty with catching and locking. Exam reveals range of motion is full. No tenderness is noted. Impingement exam is positive and Speed's test is also positive. Conservative treatment includes medication, activity modification and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY OF LEFT SHOULDER LABRUM REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder Chapter: Surgery: Rotator Cuff.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The above-cited criteria recommend surgery for SLAP lesions when there is failure of conservative treatment and a Type II and Type Intravenous (IV) lesion is present. In this case the claimant has progressed with conservative therapy and the MRI from 10/3/13 does not characterize the type of lesion present. Therefore guideline criteria have not been satisfied and determination is for non-certification.

PRE-OP BLOOD WORK TO INCLUDE A CHEMISTRY PANEL & A COMPLETE BLOOD COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder Chapter: Surgery: Rotator Cuff.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: As the surgical procedure is not medically indicated, the determination is for non-certification for preoperative blood work.

ELECTROCARDIOGRAM (EKG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder Chapter: Surgery: Rotator Cuff.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: As the surgical procedure is not medically indicated, the determination is for non-certification for preoperative EKG.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder Chapter: Surgery: Rotator Cuff.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: As the surgical procedure is not medically indicated, the determination is for non-certification for assistant surgeon.

RENTAL OF A COLD THERAPY UNIT TIMES 7-14 DAYS, CPM MACHINE TIMES 21 DAYS, & 1 ARM SLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder Chapter: Surgery: Rotator Cuff.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: As the surgical procedure is not medically indicated, the determination is for non-certification for cold therapy unit and CPM machine.

POST-OPERATIVE PHYSICAL THERAPY TIMES 12 TO THE LEFT SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder Chapter: Surgery: Rotator Cuff.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: As the surgical procedure is not medically indicated, the determination is for non-certification for postoperative physical therapy, 12 visits.