

Case Number:	CM13-0051130		
Date Assigned:	12/27/2013	Date of Injury:	07/03/2011
Decision Date:	04/24/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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:

The patient is a 39 year old female with an industrial injury on 7/3/11. Chief complaint is left shoulder pain. The patient is status post right shoulder decompression, distal clavicle resection and labral debridement on 6/30/13. Exam notes from 9/24/13 demonstrate excellent wound healing, no signs of infection, was able to tolerate 0-145 degrees active forward flexion, forward elevation, and abduction. The patient had 4/5 motor strength of rotator cuff muscles. Left shoulder exam revealed positive Hawkin's and Neer impingement signs of the left shoulder, pain with cross body adduction, pain at the terminal range of the left shoulder motion, and a positive arc of pain from 90-125 degrees of forward flexion. Exam notes reveal that the patient was recommended for a left shoulder arthroscopy procedure with associated surgical services; however, this procedure was denied authorization by Utilization Review and also denied as not medically necessary at Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE 90-DAY RENTAL OF A ELECTRICAL STIMULATION UNIT:

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 (left shoulder surgery) is not medically necessary, none of the associated services are medically necessary.

SLING WITH LARGE ABDUCTION PILLOW: 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 (left shoulder surgery) is not medically necessary, none of the associated services are medically necessary.

POST-OPERATIVE 14-DAY RENTAL OF A CONTINUOUS PASSIVE MOTION UNIT:
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 (left shoulder surgery) is not medically necessary, none of the associated services are medically necessary.

POST-OPERATIVE 90-DAY RENTAL OF A COLD THERAPY UNIT: 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 (left shoulder surgery) is not medically necessary, none of the associated services are medically necessary.