

Case Number:	CM13-0052592		
Date Assigned:	02/05/2014	Date of Injury:	09/27/2003
Decision Date:	07/09/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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 Pennsylvania. 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 58-year-old claimant injured in a work-related accident on 9/27/03 sustaining an injury to the right shoulder. The clinical records reviewed included a 9/24/13 MRI scan of the shoulder demonstrating prior acromioplasty with no subacromial bursitis and intact labrum and biceps complex with evidence of underlying supraspinatus tendinosis. A clinical follow up dated 10/21/13 indicated ongoing complaints of pain about the right shoulder with examination showing positive impingement and O'Brien's testing with acromioclavicular joint tenderness to palpation and no other clinical findings. It indicated that based on failed conservative care and ongoing complaints surgical intervention was recommended in the form of a right shoulder arthroscopy, debridement, SLAP repair, biceps tenodesis, and distal clavicle excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER SCOPE DEBRIDEMENT, SLAP REPAIR AND POSSIBLE BICEPS TENODESIS WITH DISTAL CLAVICLE RESECTION WITH PRE-OPERATIVE CLEARANCE LABS AND EKG.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the role of operative intervention to include a SLAP repair and biceps tenodesis would not be indicated. While this individual is noted to be with continued complaints of pain, there is currently no indication of recent conservative care in regard to the shoulder to support the need for revision procedure. There is also currently no imaging supportive of a labral tear. Without documentation of imaging supporting labral pathology, there would be no indication for SLAP repair. Thus, the operative request in this case would not be supported. As well, there would be no indication for preoperative clearance or electrocardiogram based on the above. The request for right shoulder scope debridement, slap repair and possible biceps tenodesis with distal clavicle resection with pre-operative clearance labs and EKG, is not medically necessary and appropriate.

POSTOPERATIVE PHYSICAL THERAPY SESSIONS 3 TIMES PER WEEK FOR 8 WEEKS: 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.

GAME READY CRYO UNIT RENTAL: 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.

ARM SLING: 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 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.

PRESCRIPTION OF KEFLEX: 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 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.

PRESCRIPTION OF PHENERGAN: 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 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.

PRESCRIPTION OF IBUPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (Non-Steroidal Anti-Inflammatory Drugs).

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.