

<b>Case Number:</b>	CM13-0053124		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/29/2012
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Hand Surgery, and is licensed to practice in Texas. 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:

The patient is a 60-year-old male who reported an injury on 7/29/12. The patient was injured after being attacked by a passenger on the [REDACTED] bus that he was driving. The patient is diagnosed with recurrent subacromial impingement and partial thickness rotator cuff tear. The patient was seen by [REDACTED] on 11/20/13. A physical examination was not provided. Treatment recommendations included a diagnostic arthroscopy of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**subacromial decompression of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California MTUS/ACOEM practice guidelines state that a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than four months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to

benefit from surgical repair. As per the documentation submitted, there was no physical examination on the requesting date of 11/20/13. The patient's latest examination was from 9/11/13; it revealed positive impingement with tenderness over the acromion and AC joint. The patient has previously undergone arthroscopic SLAP repair with biceps tenotomy, acromioplasty, and bursectomy on 2/21/13. The medical necessity for a repeat procedure has not been established. There is no documentation of an exhaustion of previous conservative treatment. Therefore, the request cannot be determined as medically appropriate. As such, the request is noncertified.

**assistant surgeon:** 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.

**preoperative workup to include history, physical, EKG, PTT, CBC, Chem 13, HbA1C, lipid panel, INR, and UA:** 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.

**purchase 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 is not medically necessary, none of the associated services are medically necessary.

**postoperative physical therapy three times a week for four 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.