

Case Number:	CM13-0053795		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2013
Decision Date:	03/14/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	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 29-year-old male who reported an injury on 05/08/2013. The mechanism of injury was not specifically stated. The patient is diagnosed with industrial injury to the right shoulder and partial thickness biceps tendon tear with labral tearing and loose body of the glenohumeral articulation. The patient was seen by [REDACTED] on 11/04/2013. The patient reported ongoing pain with regards to the right shoulder. Physical examination revealed tenderness to the subacromial bursal space and shoulder girdle musculature with positive Neer and Hawkins testing, as well as positive O'Brien's testing. Treatment recommendations included authorization for a right shoulder arthroscopy with possible biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic/Operative Right Shoulder Arthroscopic Debridement with Acromioplasty, Resection of the Coracoacromial Ligament and Bursa, and a possible Biceps Tenodesis or Distal Clavicle Resection: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 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, the patient's physical examination revealed tenderness to palpation, and positive Neer and Hawkins testing, with positive O'Brien's testing. There is no documentation of an exhaustion of conservative treatment prior to the request for surgical intervention. Therefore, the current 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 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, the patient's physical examination revealed tenderness to palpation, and positive Neer and Hawkins testing, with positive O'Brien's testing. There is no documentation of an exhaustion of conservative treatment prior to the request for surgical intervention. Therefore, the current request cannot be determined as medically appropriate. As such, the request is noncertified.

Levaquin 750mg #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter, Levofloxacin (Levaquin®).

Decision rationale: Official Disability Guidelines state Levaquin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia. The patient does not maintain any of the above mentioned diagnoses. As the patient does not meet criteria for this requested medication, the current request is not medically appropriate. As such, the request is noncertified.

Preoperative Medical Clearance with Blood Work: Upheld

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

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, Preoperative Testing, General.

Decision rationale: Official Disability Guidelines state preoperative testing is often performed before surgical procedures. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. The patient does not maintain a medical history of significant comorbidities. As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is noncertified.

Post-Op Physical Therapy (12 sessions): 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 Page(s): 26-27.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in a general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is noncertified.

Cold Therapy Unit (1 week rental): Upheld

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

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, Continuous Flow Cryotherapy.

Decision rationale: Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is noncertified.