

Case Number:	CM13-0058953		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2011
Decision Date:	05/22/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/27/2013

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:

This patient is a 59-year-old male who injured his right shoulder in a work-related accident on 10/1/11. The report of an MR arthrogram of the shoulder performed on 6/24/13 showed extensive degenerative changes of the glenohumeral joint with no other documented findings in the right shoulder. The 4/24/13 ultrasound report of the shoulder showed the prior rotator cuff repair to be intact with no evidence of re-tearing and significant acromioclavicular and glenohumeral joint disease. A follow up clinical report dated 7/25/13 documented continued right shoulder pain despite a recent course of physical therapy. Objectively, there was restricted range of motion to 100 degrees of forward flexion, 20 degrees of internal rotation, and 25 degrees of external rotation. The claimant was diagnosed with osteoarthritis of the shoulder. The recommendations were for shoulder arthroscopy with synovectomy and possible distal clavicle resection. Documentation regarding conservative treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY- SUBACROMIAL DECOMPRESSION , GLENOHUMERAL SYNOVECTOMY.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 211.

Decision rationale: The medical records provided for review indicate that the claimant has imaging consistent with advanced glenohumeral degenerative change but offer no indication of acute impingement. The medical records provided for review have no physical examination findings supportive of impingement or conservative treatment rendered in treatment of impingement over the course of the past 3-6 months to necessitate surgery. The specific request for a decompression and glenohumeral synovectomy is not supported by the medical records provided for review. The request is not medically necessary and appropriate.

PREOPERATIVE MEDICAL CLEARANCE: 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 CPM (CONTINUOUS PASSIVE MOTION): 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 NORCO FOR PAIN: 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.

EIGHTEEN (18) POSTOPERATIVE PHYSICAL THERAPY FOR THE RIGHT SHOULDER: 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.