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| Case Number: | CM13-0059321 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/13/2006 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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 claimant is a 44 year old female who suffered a vocational injury on April 13, 2006. The medical records provided for review documented that initially the claimant underwent bilateral carpal tunnel releases and left shoulder surgery in 2009. On the March 20, 2012 assessment by [REDACTED], the claimant complained of right shoulder pain and physical examination noted painful range of motion and weakness. The April 17, 2012 assessment documented that the right shoulder MRI showed blunting of the superior labrum, partial, probable rotator cuff tear, and degenerative changes of the acromioclavicular (AC) joint. [REDACTED] injected the right shoulder and a home exercise program and medications of Valium, Norco, Celebrex, and Motrin were prescribed. In June 2012, [REDACTED] recommended right shoulder arthroscopic decompression with biceps tenotomy and repair as needed for the diagnosis of impingement syndrome for AC joint degenerative changes, superior labral tear and rule out rotator cuff tear. In the interim since [REDACTED] recommended right shoulder surgery, the claimant has obtained treatment for a non-worked medical problem. [REDACTED] re-evaluated the claimant on 10/14/13 and documented that medications included Ibuprofen, Valium, Norco, and Celebrex. No physical examination findings were noted and no x-ray results were documented. [REDACTED] recommended right shoulder surgery for the current diagnosis of AC joint degeneration, partial thickness undersurface rotator cuff tear, impingement, and superior labral pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Decompression with a Biceps Tenotomy and Repairs as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 209-211.

Decision rationale: The request for right shoulder arthroscopic decompression with a biceps tenotomy and repairs as needed cannot be recommended as medically necessary based upon the records provided for review and the CA MTUS ACOEM 2004 Guidelines. The ACOEM Guidelines recommend rotator cuff repair of significant tears that impact function and partial tears should have failed to respond to conservative treatment for three months. Surgery for impingement is not recommended until three to six months of conservative treatment has failed. The records do not indicate that the claimant has failed three to six months of conservative treatment. The documentation of imaging results from 2012 indicates that the claimant has a partial rotator cuff tear that would first be recommended to be treated conservatively. The records fail to identify any recent medical treatment aimed at the right shoulder with the exception of medications. While it is understood that the claimant experienced a delay in treatment that precluded her from undergoing shoulder surgery, the lack of documented conservative treatment in this interval does not support the requested surgery at this time.

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.

Post-Operative Physical Therapy, 12 Sessions: 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.