

Case Number:	CM13-0060512		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2013
Decision Date:	05/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 32-year-old male who was injured in a work related accident on 07/16/13 and sustained an injury to his left shoulder. A 08/14/13 MRI scan of the left shoulder demonstrated no evidence of rotator cuff pathology with a Type III acromion and documented early degenerative changes at the margin of the clavicle and acromion. Further clinical imaging findings were not noted. A follow up clinical report of 11/09/13 with [REDACTED] indicated the claimant was with continued left shoulder complaints with no improvement noted with conservative measures. Examination showed positive Neer and Hawkins testing, 5/5 rotator cuff strain, tenderness over the AC joint with positive O'Brien's testing. Reviewed at that time was the claimant's prior MRI scan. It states despite conservative care, operative intervention was recommended in the form of a subacromial decompression, labral debridement versus repair, and an open biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LEFT SHOULDER ARTHROSCOPY SUBACROMIAL DECOMPRESSION, LABRAL DEBRIDEMENT VERSUS REPAIR, POSSIBLE OPEN BICEPS TENODESIS:
Upheld

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

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: ACOEM Guidelines indicate "Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery." The medical records provided for review do not indicate three to six months of conservative care including injection therapy prior to proceeding with surgery for a diagnosis of impingement. Taking into account this claimant's essentially negative MRI scan and no documentation of bicipital findings on imaging or examination, the specific request for the surgical procedure stated would not be indicated. The request is not medically necessary and appropriate.

ONE 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.

ONE POST-OP 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.

TWELVE POST-OP SESSIONS OF PHYSICAL THERAPY: 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.