

Case Number:	CM13-0062176		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2011
Decision Date:	04/30/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 55-year-old male who reported an injury on 09/20/2011. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with rotator cuff injury, status post shoulder arthroscopy and repair of labrum, recurrent right shoulder injury, possible right biceps tendonitis, right shoulder impingement syndrome, probably persistent SLAP lesion in the right shoulder, and cervicobrachial syndrome with cervical disc disease. The patient was seen by [REDACTED] on 11/11/2013. The patient reported ongoing pain in the right shoulder. Physical examination revealed 150 degree forward flexion, 130 degree abduction, 80 degree external rotation, 30 degree internal rotation, positive impingement and adduction sign, and tenderness to palpation. Treatment recommendations included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a right shoulder arthroscopy, subacromial decompression with possible rotator cuff repair, possible superior labral anterior posterior repair, possible open biceps tenodesis and excision distal clavicle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

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, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the patient is status post right shoulder arthroscopy on 10/25/2012. There is no documentation of an exhaustion of conservative treatment prior to the request for a second surgical intervention. Therefore, the current request cannot be determined as medically appropriate at this time. Based on the clinical information received, the request is non-certified.

surgical assistant: 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.