MAXIMUS Federal Services

Case Number:	CM13-0063727		
Date Assigned:	12/30/2013	Date of Injury:	09/18/2012
Decision Date:	11/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/10/2013

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 Minnesota. 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 injured worker sustained a right shoulder injury on 09/18/2012. He underwent a diagnostic and operative arthroscopy on Dec 27, 2012. A Bankart Procedure was performed. He did well and was permanent and stationary on 8/27/2013. He was putting on a gunbelt when he felt a pop in the shoulder and had pain. There was some associated stiffness and loss of motion.On 10/15/13 he was having pain, functional deficits, weakness, and loss of motion. On examination there was evidence of impingement, positive Neer and Hawkins and O'Brien's testing. An MR Arthrogram was performed on 10/18/2013. This revealed adhesions in the rotating interval, status post labral repair and bone marrow edema. There was rotator cuff tendinosis but there was no tear seen..The provider recommended revision shoulder diagnostic and operative arthroscopy. The disputed issues include right shoulder revision diagnostic/operative arthroscopic debridement, acromioplasty, and possible distal clavicle resection. Additional disputed issues include post operative physical therapy, medical clearance, assistant surgeon, DVT prophylaxis and Levaquin perioperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER REVISION DIAGNOSTIC/OPERATIVE ARTHROSCOPIC DEBRIEDMENT WITH ACROMIOPLASTY RESECTION OF CORACOACROMIAL LIGAMENT AND BURSA AS INDICATED POSSIBLE DISTAL CLAVICAL RESECTION: 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): 209, 211.

Decision rationale: CA MTUS guidelines recommend surgery for activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase the range of motion and strength after exercise programs and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term from surgical repair. For impingement, conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. The documentation does not indicate if this was done although there was a recommendation for Physical Therapy. The results with Physical therapy are not documented and the records do not indicate if cortisone injections were given. Based upon the evidence based guidelines the request for revision diagnostic/surgical arthroscopy with debridement, acromioplasty, and possible resection of distal clavicle is not medically necessary.

12 POSTOPERATIVE PHYSICAL THERAPY SESSIONS: 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, 211.

Decision rationale: The requested surgery is not medically necessary. Therefore the post-operative physical therapy is also not medically necessary.

DVT PROPHYLAXIS: 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, 211.

Decision rationale: The requested surgery is not medically necessary. Therefore the DVT prophylaxis as requested is also not medically necessary.

MEDICAL CLEARANCE: 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, 211.

Decision rationale: The requested surgery is not medically necessary. The request for medical clearance for surgery therefore is also not medically necessary.

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, 211.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for an assistant surgeon is also not medically necessary.

PRESCRIPTION OF ANTIBIOTIC LEVAQUIN 750MG FOR 10 DAYS, # 20, PERIOPERATIVE: 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, 211.

Decision rationale: The requested surgery is not medically necessary.The request for peri-operative Levaquin is therefore also not medically necessary.