MAXIMUS Federal Services

Case Number:	CM13-0064788		
Date Assigned:	01/03/2014	Date of Injury:	07/06/2009
Decision Date:	08/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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 Mississippi. 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 records presented for review indicate that this 63-year-old male was reportedly injured on July 6, 2009. The mechanism of injury is moving a metal filing cabinet. The most recent progress note, dated July 5, 2013, indicates that there are ongoing complaints of left sided lumbar spine pain radiating down the bilateral lower extremities. Current medications include Pantoprazole, Naproxen, Lisinopril, and RA Col-Rite. The physical examination demonstrated tenderness and spasms over the cervical paraspinal muscles. The physical examination of the shoulder noted tenderness over the acromioclavicular joint, a positive Hawkins test, a positive Speed's test, and a positive impingement sign. There was full strength of the upper extremities and a normal upper extremity neurological examination. An examination of the lumbar spine noted diffuse tenderness over the lumbar paraspinal muscles. There was a positive left-sided straight leg raise test. A left-sided SI joint injection was recommended. There was a normal upper extremity. Previous treatment includes a lumbar spine fusion in June 2011 and subsequent physical therapy. There were also lumbar epidural steroid injections and the use of a TENS unit. A request had been made for a left shoulder arthroscopy with a possible rotator cuff repair and subacromial decompression and distal clavicle excision as well as preoperative medical clearance and postoperative physical therapy and was not certified in the pre-authorization process on November 25, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH POSSIBLE CUFF REPAIR AND SUBACROMIAL DECOMPRESSION AS WELL AS WELL AS DISTAL CLAVICLE INCISION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: According to the American College of Occupational and Environmental Medicine, a rotator cuff repair is only indicated for weakness of the arm in elevation or rotation. The most recent progress note dated July 5, 2013, indicates that the injured employee has full muscle strength at 5/5. Additionally a subacromial decompression is not indicated for those individuals with only mild symptoms markedly limitations. According to the same progress note the injured employee only has complaints of lower back pain and has no complaints of shoulder pain whatsoever. For these reasons this request for a left shoulder arthroscopy with possible rotator cuff repair and subacromial decompression as well as a distal clavicle excision is not medically necessary.

PRE-OP 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.

POST OP PHYSICAL THERAPY 2X6: 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.