

Case Number:	CM13-0064938		
Date Assigned:	01/15/2014	Date of Injury:	09/17/2012
Decision Date:	05/22/2014	UR Denial Date:	11/08/2013
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 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 54-year-old gentleman who injured his shoulder on September 17, 2013, when he fell off a ladder at work. An MRI scan of the shoulder dated September 16, 2013, showed a high-grade, partial tear to the supraspinatus, mild bicipital subluxation, and moderate AC joint arthrosis. An October 28, 2013, follow-up indicated continued complaints of left shoulder pain. Treatment has included physical therapy, medication management, immobilization and work restrictions. Physical examination of the left shoulder showed restricted range of motion at endpoints of flexion and abduction and weakness with resisted external and supraspinatus testing. Plain film radiographs showed a Type II acromion with acromioclavicular joint degenerative change. Based on failed conservative care, surgical intervention was recommended in the form of a left shoulder arthroscopy, subacromial decompression, Mumford procedure, possible biceps tenodesis, rotator cuff repair and possible subscapularies repair. This request is for the aforementioned surgeries, cold therapy, an ultrasling, 3 Mitek/Helix anchors and preoperative medical clearance

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY, DEBRIDEMENT, DECOMPRESSION, MUMFORD PROCEDURE, POSSIBLE BICEP TENODESIS, ROTATOR CUFF REPAIR, AND PORRIBLE SUBSCAPULARIES REPAIR: 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): 210.

Decision rationale: Based on the Shoulder Complaints Chapter of the ACOEM Practice Guidelines and supported by Official Disability Guidelines, the surgical process would not be indicated in this case. The claimant is noted to have a partial thickness rotator cuff tear with no documentation of previous injection therapy. For partial thickness tearing, the guidelines provide for up to six months of conservative care, including corticosteroid injections, before proceeding with operative process. Because the reviewed records do not document failed treatment with injections or other forms of conservative care, this request is not established as medically necessary. The request for left shoulder arthroscopy, debridement, decompression, mumford procedure, possible bicep tenodesis, rotator cuff repair, and possible subscapularies repair is not medically necessary or appropriate.

DME FOR COLD 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 or appropriate.

ULTRASLING: 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 or appropriate.

3 MITEK/HELIX ANCHORS FOR REPAIR: 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 or appropriate.

PREOPERATIVE 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 or appropriate.