

Case Number:	CM13-0066915		
Date Assigned:	01/08/2014	Date of Injury:	07/09/2013
Decision Date:	05/08/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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:

This claimant is a 61-year-old gentleman injured in a work-related accident 07/09/13. Specific to the claimant's left shoulder; clinical records for review include a left shoulder arthrogram of 08/07/13 showing mild supraspinatus, infraspinatus, and subscapularis tendinopathy. There was also tendinopathy to the long head of the biceps with labral degeneration, glenoid cartilage thinning, and mild acromioclavicular joint osteoarthritis. The most recent clinical progress report of 11/22/13 indicated ongoing complaints of pain about the shoulder on the left. It states a recent corticosteroid injection had helped, but benefits have "worn off." Physical examination findings were noted to be "unchanged." The claimant was diagnosed with bicipital tendinosis and impingement. A surgical process in the form of an arthroscopy based on failed conservative care was recommended for further definitive management. Further clinical records for review do not indicate recent physical examination findings. The claimant has also been treated with physical therapy, medication management, and activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLAR CARE UNIT WITH CRYO CUFF, RENTAL: 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.

INITIAL TWELVE POST OP PHYSICAL THERAPY SESSIONS: 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.

LEFT SHOULDER ASAD: 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 rationale: The ACOEM Guidelines do not support the role of shoulder acromioplasty and decompression. While the claimant is noted to have failed care, the medical records do not identify pertinent physical examination findings to demonstrate impingement, weakness, or symptoms that would be consistent with need for operative procedure. The specific request in this case would not be indicated.

LEFT SHOULDER BICEPS TENODESIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure, Surgery for Ruptured Biceps Tendon.

Decision rationale: The California MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, the portion of the surgery to include a biceps tenodesis also would not be indicated. The clinical records at present do not demonstrate current physical examination findings consistent with biceps pathology. The need for acute intervention based on the claimant's lack of physical examination findings would not be indicated.

RETROSPECTIVE ULTRA SLING: 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), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure, Postoperative Abduction Pillow Sling.

Decision rationale: The California MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, a retrospective request for an Ultra Sling would not be indicated. The claimant is with no indication of a large or massive rotator cuff tear that is requiring repair. Guideline criteria would not recommend the role of Ultra Sling devices in the setting of need of a simple decompression procedure.

PRE OP MEDICAL 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.

LABS: 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.

RETROSPECTIVE SHOULDER IMMOBILIZER: 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.

RETROSPECTIVE EKG: 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.