

Case Number:	CM13-0070543		
Date Assigned:	01/03/2014	Date of Injury:	06/03/1998
Decision Date:	05/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 Orthopaedic 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 60 year old female who injured her right shoulder in a work related injury June 3, 1998. The recent clinical records provided for review included a follow-up visit on October 11, 2013 that noted continued complaints of pain in the cervical spine. It was noted that an updated cervical MRI was recommended. There was no documentation regarding shoulder pathology. Documentation pertaining to the claimant's shoulder was last noted on August 16, 2013 where the claimant was noted to have a painful shoulder utilizing non-steroidal medication. Physical examination showed 90 degrees external rotation and internal rotation to 45 degrees. At that time a request was made for physical therapy and medications of Norco and Motrin. Documentation regarding the surgical recommendation was not noted and there were no imaging reports for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY, ROTATOR CUFF REPAIR, BICEPS TENODESIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 210.

Decision rationale: Based upon the ACOEM Guidelines and supported by the Official Disability Guidelines, the request for right arthroscopy, rotator cuff repair, biceps tenodesis, with 2-3 days inpatient hospital stay and pre-op medical clearance cannot be recommended as medically necessary. The claimant is being evaluated for cervical pain for which an MRI has been requested but the report of the cervical MRI is not provided. The claimant has also been treated for shoulder pain. There are no imaging studies to identify the shoulder pathology responsible for the claimant's symptoms. There is also no documentation to determine if the claimant's shoulder pain is referred from the neck. It is also not clear from the records what conservative treatment has been provided for the claimant's shoulder. Therefore, in the absence of imaging reports, documentation of failed conservative treatment, and clarification regarding the claimant's shoulder symptoms in relation to her cervical pain, the proposed surgery, inpatient stay, and preop clearance cannot be recommended as medically necessary.

TWO (2) - THREE (3) DAYS INPATIENT HOSPITAL STAY: 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.

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.