

Case Number:	CM14-0000958		
Date Assigned:	02/24/2014	Date of Injury:	04/17/2010
Decision Date:	06/13/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Texas. 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 patient is a 55 year old male who reported an injury to his right shoulder. A clinical note dated 10/11/13 indicated the patient complaining of right shoulder pain. The patient had been undergoing a home exercise program; however, it appeared the exercises increased his level of pain. The patient continued with range of motion deficits. Swelling was 2+ throughout the right upper extremity. Pain was elicited with both lateral and posterior regions of the shoulder. A clinical note dated 11/18/13 indicated the patient home exercise program being discontinued. The patient was recommended for surgical intervention. A clinical note dated 12/02/13 indicated the patient utilizing vicodin for pain relief. The patient also utilized lidoderm patches. The patient previously underwent surgical intervention at right shoulder. Surgical scars were well healed. However the patient continued with restricted movements throughout the shoulder. Tenderness to palpation was elicited within the biceps groove. MRI of the right shoulder dated 11/04/10 revealed tendinopathy marked tendon up at the supraspinatus, moderate tendinopathy at the scub scapularis, and mild tendinopathy at the infraspinatus. A clinical note dated 10/17/13 indicated the patient completing 30 sessions of physical therapy. The patient continued with hydrocodone. MRI on 08/15/13 revealed mild teninosis at supraspinatus and subscapularis. Metal artifact was identified. Agreed medical evaluation on 08/15/13 indicated the initial injury occurred when he was lifting up to 100 pounds up to 15 times per day. The patient stated his sleep was slightly disturbed at this time secondary to right shoulder pain. The patient demonstrated 70 degrees of abduction, 125 degrees of flexion, 50 degrees of internal rotation, 45 degrees of external rotation, 55 degrees of extension, and 20 degrees of abduction at the right shoulder, and 4-4--5-/5 strength throughout the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOULDER ARTHROSCOPY/DEBRIDEMENT OF SCAR TISSUES, LOOSE BODY REMOVAL/ REPEAT ROTATOR CUFF (RTC) REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

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

Decision rationale: The request for shoulder arthroscopy/debridement of scar tissue, loose body removal, and repeat rotator cuff repair is non-certified. Clinical documentation indicates the patient complaining of ongoing right shoulder pain. Rotator cuff repair would be indicated provided that the patient meets specific criteria, including imaging studies confirming pathology. Submitted MRI of 2013 revealed no significant rotator cuff involvement. There is an indication the patient is experiencing tendinopathy at the supraspinatus and subscapularis. However, no tearing were identified. Without imaging studies evidence confirming pathology this request is not indicated. The request is not medically necessary and appropriate.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement reimbursement of the first assistant at surgery in orthopaedics. Role of first assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Physicians as Assistants at Surgery, 2011 Report.

Decision rationale: Given the lack of certification regarding the initial surgical request, the additional request for assistant surgeon is rendered not medically necessary and appropriate.

EKG AND PRE-OP EXAMS: 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- Low Back Chapter- Pre-Operative Electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-Op Ekg & Lab Studies.

Decision rationale: Given the lack of certification regarding the initial surgical request, the additional request for pre-operative testing and EKG is rendered not medically necessary and appropriate.

COLD THERAPY UNIT POST-OPERATIVELY: 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- Knee Chapter- Continuous-Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Cryo-Therapy Units.

Decision rationale: Given the lack of certification regarding the initial surgical request, the additional request for a cold therapy unit is rendered not medically necessary and appropriate.

POST-OP 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 Immobilization.

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

Decision rationale: Given the lack of certification regarding the initial surgical request, the additional request for a post-operative sling is rendered not medically necessary and appropriate.