

Case Number:	CM14-0001693		
Date Assigned:	01/22/2014	Date of Injury:	02/12/2007
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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 Surgeon, has a subspecialty in Sports Medicine, 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 injured worker is a 56-year-old male who reported an injury on 02/12/2007 after a fall off a ladder. The injured worker reportedly sustained an injury to his head, neck and left shoulder. The injured worker's treatment history included cervical epidural steroid injections, multiple medications, psychological support, a transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, chiropractic care and activity modifications. The injured worker was evaluated on 12/04/2013. It was documented that the injured worker had weakness to resistance of the left upper extremity with tenderness along the rotator cuff and biceps tendon. It was documented that the injured worker had tenderness along the facet joint of the shoulder and the shoulder girdle. The injured worker's diagnoses included: discogenic cervical condition, impingement syndrome of the shoulder, status post two (2) surgical interventions, depression, anxiety and low back pain. A request was made for a left shoulder arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROPLASTY, DECOMPRESSION, REPAIR OF ROTATOR CUFF, BICEPS TENDON RELEASE AND STABILIZATION: 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) 2013, SHOULDER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208-210.

Decision rationale: The MTUS/ACOEM Guidelines recommends surgical intervention for the shoulder when there is documentation of significant functional deficits and clinical findings supported by an imaging study that have failed to progress through a functional restoration program intended to avoid surgery. The clinical documentation submitted for review, indicated that the injured worker has persistent pain complaints and weakness recalcitrant to several forms of conservative treatments. However, the clinical documentation failed to provide an imaging study to support the need for surgical intervention. As such, the requested left shoulder arthroplasty, decompression, repair of rotator cuff, biceps tendon release and stabilization is not medically necessary or appropriate.

ASSISTANT SURGEON: 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.

HISTORY AND PHYSICAL, PREOPERATIVE CLEARANCE, CBC, CMT, EKG, AND CHEST X-RAY: 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.

POLAR CARE RENTAL FOR 21 DAYS: 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.

AMOXICILLIN 875 MG, #20: 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.

ZOFRAN 8 MG, #20: 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.

REJUVENESS (1 SILICONE SHEETING TO REDUCE SCARRING): 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.

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.

GENERAL ANESTHESIA: 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.