

Case Number:	CM14-0005859		
Date Assigned:	02/07/2014	Date of Injury:	12/01/2010
Decision Date:	06/20/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/15/2014

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 New York. 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 40-year-old with a date of injury of December 1, 2000 patent. Patient had chronic left shoulder pain. On physical examination shows decreased shoulder range of motion. She has tenderness to the supraspinatus and biceps tendon. She has positive impingement sign. Ultrasound study of the left shoulder revealed 25% partial thickness supraspinatus tear and subacromial impingement. Patient has been diagnosed with left shoulder impingement syndrome. The patient has tried and failed numerous conservative measures to include 24 physical therapy visits, 5 chiropractic treatments, cortisone injection, and medications. At issue is whether surgical treatment is medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION, DISTAL CLAVICLE RESECTION LABRAL, CUFF DEBRIDE: 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 medical records indicate that the patient has tried conservative measures to include physical therapy, chiropractic care, injection, and medications. Medical records do not document the results of the patient's subacromial injection. The medical records do not adequately document results from conservative care. It is important to know how much pain relief was received from the injection. Without this information, the medical necessity of subacromial decompression cannot be established. In addition, the patient has documented normal range of motion in the shoulder. There is no full thickness rotator cuff tear documented. Ultrasound shows 25% partial thickness supraspinatus tear. The request for left shoulder surgery including arthroscopic subacromial decompression, distal clavicle resection, labral and rotator cuff debridement is not medically necessary or appropriate.

PRE-OPERATIVE 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.

12 POST OPERATIVE PHYSICAL 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.

HOME CPM (CONTINUOUS PASSIVE MOTION MACHINE RENTAL FOR 45 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.

SURGI-STIM FOR 90 DAYS 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.

██████████ COLD UNIT THERAPY FOR 14 DAYS 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.