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| Case Number: | CM14-0006471 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 02/15/2012 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 01/16/2014 |

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 Neurological 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 injured worker is a 44 year-old male whose date of injury was February 15, 2012. The original diagnosis was the dislocation of the right shoulder. The mechanism of injury was a slip and fall. Electrodiagnostic studies were done; however the results are not presented. It is also noted that there is a chronically anterior dislocated right shoulder. A decrease in shoulder range of motion is reported. A previous shoulder surgery was completed several years prior. Subsequent shoulder procedures have been completed. An Orthopedic Agreed Medical Evaluation with the mechanism of injury, the injury sustained, and treatment to date was reviewed. There are bilateral shoulder complaints, lumbar complaints, and bilateral knee complaints. It was noted that after being laid off, the complaints relative to the right shoulder were filed. Multiple conservative modalities were completed. The current complaint includes right shoulder pain and low back pain. Bilateral knee complaints are also noted. The physical examination noted this 5'3", 155 pound individual to be in no acute distress. A significant reduction in shoulder range of motion is reported. Also noted is normal elbow status. The risks and elbow are close to a full range of motion assessment. The MRI to right shoulder completed in May 2012 noted some degradation secondary to patient motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER OPEN REDUCTION AND CAPSULAR LYSIS WITH EXCISION OF HETEROTOPIC BONE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES 2004, 2ND EDITION, CHAPTER 5, 79

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 5, 79

Decision rationale: When considering the date of injury, noting the mechanism of injury, and the findings reported on physical examination, there simply is insufficient clinical data presented to suggest the need for such a shoulder surgical intervention. Based on these losses, the specific surgical intervention is not supported, and the request is not medically necessary.

PLEASE ADDRESS HOSPITAL LENGTH OF STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES 2004, 2ND EDITION, CHAPTER 5, 79

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 5, 79

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CONSULT WITH INTERNAL MEDICINE FOR PRE-OP EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES 2004 2ND EDITION, CHAPTER 5, 79

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 5, 79

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

RETRO PRILOSEC RX DATE OF SERVICE 12/5/2013:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES , , 68

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This medication is a proton pump inhibitor (PPI) is used to address gastrointestinal distress. No such malady has been mentioned in the medical records provided for review, nor is there any documentation of risk factors for gastrointestinal distress. As such, there is no noted basis for this medication and the request is not medically necessary.