

Case Number:	CM14-0102136		
Date Assigned:	07/30/2014	Date of Injury:	09/27/2011
Decision Date:	10/20/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 63 year old gentleman who was injured in a work related accident on 9/27/11. The medical records provided for review document current complaints of the left shoulder and that the claimant is status post shoulder arthroscopy, subacromial decompression and rotator cuff repair procedure in February 2013. Postoperatively, the records document that the claimant has been treated with physical therapy, medication management, work restrictions and a corticosteroid injection. Progress report of 4/23/14 reveals continued shoulder complaints despite conservative care with examination showing 120 degrees of active elevation, 5/5 motor strength, and negative impingement testing. Post-operative imaging was not documented. The recommendation was for repeat shoulder arthroscopy extensive debridement, capsular release procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Extensive Debridement, Arthroscopic Acromioplasty, and Possible Capsular Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Surgery for adhesive capsulitis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for Left Shoulder Extensive Debridement, Arthroscopic Acromioplasty, and Possible Capsular Release is not recommended as medically necessary. The medical records document that the claimant has previously undergone subacromial decompression. The medical records do not identify the results of any postoperative imaging results. The medical records do not explain why a second decompressive procedure would be necessary for the claimant without documentation the claimant's postoperative anatomy. The Official Disability Guidelines also do not support the role of capsular release or a surgical intervention for adhesive capsulitis. The role of operative intervention without documentation of postoperative imaging secondary to claimant's prior rotator cuff repair surgery of February 2013 would not be supported. Therefore this request is not medically necessary.

Post-Operative Physical Therapy two (2) times six (6): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rotator cuff syndrome/Impingement syndrome

Decision rationale: The request for Left Shoulder Extensive Debridement, Arthroscopic Acromioplasty, and Possible Capsular Release is not recommended as medically necessary. Therefore, the request for 12 sessions of postoperative physical therapy is also not medically necessary.

Pre-Op Clearance with Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for Left Shoulder Extensive Debridement, Arthroscopic Acromioplasty, and Possible Capsular Release is not recommended as medically necessary. Therefore, the request for preoperative labs is also not medically necessary.

Pre-op Clearance with Electrocardiogram (EKG):

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for Left Shoulder Extensive Debridement, Arthroscopic Acromioplasty, and Possible Capsular Release is not recommended as medically necessary. Therefore, the request for a preoperative EKG is also not medically necessary.

Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative abduction pillow sling

Decision rationale: The request for Left Shoulder Extensive Debridement, Arthroscopic Acromioplasty, and Possible Capsular Release is not recommended as medically necessary. Therefore, the request for postoperative use of a sling is also not medically necessary.

Thromboembolism-Deterrent (TED) Hose: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure

Decision rationale: The request for Left Shoulder Extensive Debridement, Arthroscopic Acromioplasty, and Possible Capsular Release is not recommended as medically necessary. Therefore, the request for compression stockings is also not recommended as medically necessary.