

Case Number:	CM14-0109273		
Date Assigned:	08/01/2014	Date of Injury:	12/06/2007
Decision Date:	09/25/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 64-year-old gentleman who injured his right shoulder on 12/06/07. The clinical records provided for review include the 05/15/14 progress report noting continued right shoulder pain with a current diagnosis of a sprain. The progress report documented that the claimant had failed conservative care; however, specific forms of conservative treatment were not identified.. Physical examination showed painful arc of range of motion and diminished motion in all planes with guarding. There was tenderness to palpation over the proximal humerus and a positive drop arm test. The recommendation was made for right shoulder open rotator cuff repair with decompression. Review of previous imaging of the claimant's right shoulder included a 07/30/13 MRI report showing tendinosis but no tearing of the rotator cuff, osteoarthritis of the acromioclavicular joint, and a glenohumeral joint effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right shoulder open rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

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

Decision rationale: California ACOEM Guidelines do not support the request for right shoulder open rotator cuff repair. The documentation provide for review does not identify any rotator cuff pathology in a partial or full thickness fashion on imaging. There is currently no documentation of recent conservative measures. Without documentation of full thickness tearing or partial thickness tearing with three months of conservative care including injection therapy as recommended by the ACOEM Guidelines, the proposed surgery is not medically necessary.

Life Alert: 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 - Durable medical equipment (DME).

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for "Life Alert" is not recommended as medically necessary. The role of this device in direct relationship to the claimant's work related injury or need for surgical process would not be established. The use of "Life Alert" would be considered a lifestyle choice. The specific request in this case is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) / Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the use of a TENS unit postoperatively is not medically necessary.

Unknown medication refills: 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: There is request for "unknown medications." Obviously without documentation of the specific medication is question, this reviewer would be unable to support

the need of a medication refill or provide an appropriate guideline. The request in this case would not be supported as medically necessary.