

Case Number:	CM14-0010229		
Date Assigned:	02/21/2014	Date of Injury:	10/24/2005
Decision Date:	06/24/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/23/2014

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 52-year-old gentleman who injured his left upper extremity and knee in a work related accident on October 24, 2005. The medical records specific to the claimant's left shoulder document that following a course of conservative care, a left shoulder total arthroplasty was performed on April 7, 2011. Postoperatively, the claimant continues to have pain related complaints. The November 27, 2013 progress report noted continued left shoulder pain with day to day activities particularly reaching and grasping. Physical examination of the shoulder showed flexion to 100 degrees, abduction to 80 degrees, a healed incision with tenderness to palpation and no gross neurologic deficit. Working assessment was status post left total shoulder arthroplasty "without evidence of recurrent rotator cuff tear per ultrasound". The plan at that time was for shoulder arthroscopy inspection for the potential need for "debridement versus rotator cuff repair" and possible open revision of components. There was no additional documentation of imaging or recent treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT SHOULDER ARTHROSCOPIC INSPECTION WITH POTENTIAL DEBRIDEMENT AS INDICATED WITH ROTATOR CUFF REPAIR VS. OPEN REVISION OF COMPONENTS AS NEEDED: 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), Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: Based on California ACOEM Guidelines, shoulder arthroscopy for debridement and rotator cuff repair would not be indicated. The records document that the claimant is status post total shoulder arthroplasty with current imaging including plain film radiographs and ultrasound failing to demonstrate component loosening or acute tissue finding. Given the nature of the prior surgical process, the acute need of shoulder arthroscopy for indications of rotator cuff repair or debridement in absence of acute imaging findings would not be supported.

POST-OPERATIVE AQUA THERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Recommended as an optional form of exercise therapy, where available, as an al.

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

POST-OPERATIVE DME: PURCHASE OF A POLAR ICE UNIT WITH PAD FOR THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556.

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

POST-OPERATIVE DME: PURCHASE OF AN ULTRASLING FOR LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213.

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

PRE-OPERATIVE CLEARANCE BEFORE LEFT SHOULDER SURGERY (SERVICES NOT SPECIFIED): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary