MAXIMUS Federal Services

Case Number:	CM14-0013133		
Date Assigned:	02/05/2014	Date of Injury:	12/03/2010
Decision Date:	02/11/2014	UR Denial Date:	01/03/2014
Priority:	Expedited	Application Received:	02/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Washington, New York, and New Hampshire. 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 physician 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 54-year-old female who injured her shoulder on December 3, 2010. The mechanism of injury is a fall in a parking lot outside of work. On examination patient had limited range of shoulder motion with painful range of right shoulder motion. Patient has been diagnosed with adhesive capsulitis, right shoulder rotator cuff tear. The patient has no previous history of shoulder surgery. Physical examination shows shoulder flexion is 160Â°, abduction 160Â°, internal rotation 60Â° an X. tunnel rotation 60Â°. There is a painful range of motion. Neer and Hawkins tests are positive. The patient has also been diagnosed with medial meniscus tear right knee and osteoarthritis in the right knee. There is osteoarthritis in the left knee and a ligament strain in the right ankle. There is no documentation of physical therapy for the right shoulder. There is no documentation of imaging studies of the right shoulder. At issue is whether open shoulder rotator cuff surgery is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT right shoulder open rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563 TABLE 9-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563 TABLE 9-6.

Decision rationale: This patient does not meet established guidelines for shoulder surgery. Specifically, the patient does not have an imaging study to demonstrate shoulder pathology wanting surgery. In addition, the patient's injury is over 3 years old. There is no documentation in the records of a significant trial and failure of physical therapy. Given the fact that the patient does not have imaging studies demonstrating shoulder pathology and the fact that the patient has not had a documented adequate attempts at conservative measures to include physical therapy for the treatment of degenerative shoulder pain, guidelines for shoulder surgery are not met at this time. Also, there are no red flag indicators for rotator cuff surgery such as a positive drop arm test and /or a significantly reduced range of motion indicative of a complete rotator cuff tear. The physical examination does not support any findings that indicate immediate surgery is medically necessary.

URGENT assistant surgeon: 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.