

Case Number:	CM14-0017259		
Date Assigned:	04/14/2014	Date of Injury:	06/25/2013
Decision Date:	05/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/11/2014

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 injured worker is a 54-year-old female who reported an injury on injury on 06/25/2013, secondary to a fall. The current diagnoses include right shoulder avascular necrosis, right shoulder bursitis, right shoulder partial full thickness rotator cuff tear, and right shoulder biceps tenosynovitis. The injured worker was evaluated on 12/27/2013. The injured worker reported persistent right shoulder pain. The injured worker was status post cortisone injection with only 4 weeks of symptom relief. Physical examination on that date revealed tenderness in the subacromial space and bicipital groove with positive Neer and Hawkins testing. Treatment recommendations included a right shoulder arthroscopy with subacromial decompression and debridement, drilling into the avascular necrosis area of the shoulder, and rotator cuff repair with biceps tenodesis. It is also noted that the injured worker underwent an MRI of the right shoulder on 11/06/2013, which indicated a small near full thickness tear of the supraspinatus tendon, subacromial bursitis, and a degenerative acromioclavicular joint with an inflammatory response.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION AND DEBRIDEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: SURGICAL CONSIDERATIONS, SHOULDER COMPLAINTS, 560-561.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 209-210.

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation with positive Neer and Hawkins testing. There is no mention of an attempt at conservative treatment to include exercise programs prior to the request for a surgical intervention. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request for right shoulder arthroscopy with subacromial decompression and debridement is not medically necessary.

DRILLING INTO AVASCULAR NECROSIS AREA, ROTATOR CUFF REPAIR AND BICEP TENODESIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 209-210.

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation with positive Neer and Hawkins testing. There is no mention of an attempt at conservative treatment to include exercise programs prior to the request for a surgical intervention. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request for drilling into avascular necrosis area, rotator cuff repair and bicep tenodesis is not medically necessary.

PRE-OP CLEARANCE, BASIC PHYSICAL EXAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pre-Op Clearance Preoperative Evaluation, Interventions And Practices Considered <http://www.guidelines.gov/content.aspx?id=38289>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As the injured worker's surgical procedure has not been authorization, the current request is also not medically necessary. Therefore, the request for pre-op clearance, basic physical exam is not medically necessary.

EKG: 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 Low Back (UPDATED 12/27/13) Preoperative Electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: As the injured worker's surgical procedure has not been authorization, the current request is also not medically necessary. Therefore, the request for EKG is not medically necessary.

X-RAY: 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). Preoperative Testing General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: As the injured worker's surgical procedure has not been authorization, the current request is also not medically necessary. Therefore, the request for X-ray is not medically necessary.

CBC (COMPLETE BLOOD COUNT): 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) Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: As the injured worker's surgical procedure has not been authorization, the current request is also not medically necessary. Therefore, the request for CBC (complete blood count) is not medically necessary.

CHEM PANEL: 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) Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: As the injured worker's surgical procedure has not been authorization, the current request is also not medically necessary. Therefore, the request for Chem Panel is not medically necessary.

UA (URINALYSIS): 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). Preoperative Testing General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: As the injured worker's surgical procedure has not been authorization, the current request is also not medically necessary. Therefore, the request for UA (urinalysis) is not medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association Of Orthopaedics Surgeons Position Statement Reimbursement Of The First Assistant Surgery In Orthopaedic-Roll Of First Assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: As the injured worker's surgical procedure has not been authorization, the current request is also not medically necessary. Therefore, the request for assistant surgeon is not medically necessary.