

Case Number:	CM14-0018494		
Date Assigned:	04/18/2014	Date of Injury:	08/03/2010
Decision Date:	07/22/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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 60-year-old man who was injured on August 3, 2010 sustaining injury to the left upper extremity. Specific to the claimant's left shoulder, a January 9, 2014 follow-up with [REDACTED] indicated continued complaints of pain and weakness with examination showing tenderness over the acromioclavicular (AC) joint and anterolateral acromion, pain with shoulder movements at end points of flexion, adduction and internal rotation. There was no definitive weakness documented. An MRI report of September 10, 2013 revealed a superior labral tear from anterior to posterior (SLAP) lesion with a tear to the anterior labrum, underlying osteoarthritis to the AC joint and glenohumeral joint. Prior care has included chiropractic measures, acupuncture, corticosteroid injections and medication management. Based on failed measures, surgical intervention was recommended in the form of a left shoulder arthroscopy to include a distal clavicle excision, debridement and rotator cuff procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT SHOULDER ARTHROSCOPY TO INCLUDE PARTIAL RESECTION OF THE DISTAL END OF THE LEFT CLAVICLE ON ITS UNDERSURFACE, ANTEROLATERAL ACROMIOPLASTY WITH RESECTION OF THE CORACOACROMIAL LIGAMENT, EXTENSIVE DEBRIDEMENT OF THE SUBACROMIAL BURSA AND ROTATOR CUFF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications For Surgery.

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

Decision rationale: Based on the ACOEM Practice Guidelines, the role of the surgical process as requested would not be indicated. This individual is noted to be with labral pathology on a recent MRI scan for which labral intervention is not being recommended. In regards to the surgical procedure being requested, there is a lack of documentation of recent three to six months of conservative measures to include therapy and injection care to support the procedure as outlined. The specific request does not clinically correlate with MRI findings and is therefore not medically necessary.

ONE (1) 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.

ONE (1) PRE-OP MEDICAL CLEARANCE TO INCLUDE CBC, CHEM 12, PT, PTT, URINALYSIS, CHEST X-RAY, PFT, EKG: 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.

12 POST-OPERATIVE PHYSIOTHERAPY VISITS: 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.

TWELVE (12) SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines would not support further acupuncture sessions. In this individual with shoulder complaints, there has been prior documentation of previous acupuncture with clinical complaints that have persisted. The request for twelve sessions of acupuncture would exceed Guideline criteria; therefore, the request is not medically necessary.

ONE (1) ABDUCTION PILLOW BRACE: 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.

A MICRO-COOL UNIT FOR 30-DAYS: 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.

ONE (1) MONTH USE OF THE INTERFERENTIAL (IF) UNIT WITH SUPPLIES:

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.

ONE (1) HOME EXERCISE KIT: 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.

ONE (1) MONTH USE OF THE MOTORIZED COMPRESSION PUMP: 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.

ONE (1) PRESCRIPTION OF ULTRAM 50MG (#60): 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.

ONE (1) PRESCRIPTION OF NORCO 5/325MG (#60): 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.

ONE (1) PRESCRIPTION OF KEFLEX 500MG (#20): 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.