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| Case Number: | CM14-0110373 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 09/04/2013 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 07/15/2014 |

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 50 year old male who sustained an injury on 09/04/13 while pulling a partially full water heater with a dolly up a hill. The injured worker developed complaints of left shoulder pain. The injured worker had received injections in the left shoulder subacromial space with benefit and had used medications to include NSAIDs. Radiographs of the left shoulder from 06/25/14 were unremarkable. The clinical report dated 07/02/14 noted that the injured worker continued to have left shoulder pain despite physical therapy. The physical exam noted intact strength without loss of range of motion. There was not weakness noted. The proposed procedures for the left shoulder with post-operative durable medical equipment and pre-operative clearance were denied by utilization review on 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with Subacromial Decompression and Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-11.

Decision rationale: In review of the clinical documentation, the proposed left shoulder arthroscopy with subacromial decompression and debridement would not be supported. There are no MRI reports noting findings consistent with impingement. The injured worker's physical exam findings were not specific regarding impingement and the prior non-operative treatment to include physical therapy was not discussed in depth. Overall, there are no specific findings noted that would support the proposed procedures as medically necessary.

Pre-Op CBC Chem, EKG, and cardiac Clearance: 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.

Shoulder Orthosis: 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.

Cold therapy Unit with Pad: 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.