

Case Number:	CM14-0110760		
Date Assigned:	09/16/2014	Date of Injury:	06/05/2013
Decision Date:	10/15/2014	UR Denial Date:	07/03/2014
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 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 53-year-old gentleman who sustained a left shoulder injury as a result of a work-related motor vehicle accident on 06/05/13. The medical records provided for review included the report of an MRI dated 03/28/14 that identified a complete bicep tendon rupture with retraction, minimal inter-substance degeneration of the labrum, degenerative osteoarthritis of the acromioclavicular joint and a small amount of fluid in the subdeltoid bursa. There was no documentation of rotator cuff tearing. The follow-up report of 06/02/14 notes continued left shoulder complaints with failure to improve with conservative care. There is no documentation of prior injection therapy. Physical examination revealed positive impingement signs and weakness with supraspinatus testing. The recommendation was made for shoulder arthroscopy and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scope acromioplasty rotator cuff repair, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 04/25/2014) Indications for Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 214.

Decision rationale: Based on California ACOEM Guidelines, the request for left shoulder arthroscopy, acromioplasty and rotator cuff repair is not recommended as medically necessary. ACOEM Guidelines recommend rotator cuff repair for significant tears that impact activity causing weakness of arm elevation or rotation. The medical records reveal that the MRI scan does not demonstrate any evidence of acute rotator cuff pathology. There is also no documentation of conservative treatment including injections. Without documentation of rotator cuff pathology or failed conservative care, the operative process would not be supported.

Post operative Physical Therapy, three (3) times a week for six (6) weeks, left shoulder:
Upheld

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

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.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.guideline.gov/content.aspx?id=38289>

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.

Norco 10/325mg QTY: 40.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 06/10/2014) Opioids

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.

Keflex 500mg QTY: 3.00: 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) Infectious Diseases (updated 02/21/2014)

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.

Ambien 10mg QTY: 10.00: 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) Pain (updated 06/10/2014)

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.