

Case Number:	CM14-0133487		
Date Assigned:	09/18/2014	Date of Injury:	07/23/2012
Decision Date:	12/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas. 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 61-year-old male who reported an injury on 04/11/2011. The mechanism of injury was not specifically stated. The current diagnoses include bilateral SLAP tear of the shoulders and bursal sided rotator cuff tear on the right side. The injured worker presented on 07/31/2014 with complaints of persistent shoulder pain. The physical examination was not provided on that date. Treatment recommendations included bilateral shoulder arthroscopic repair. The injured worker underwent an MR arthrogram of the left shoulder on 07/21/2014, which revealed a SLAP tear extending into the biceps anchor, an intact left rotator cuff with mild tendinosis of the left supraspinatus tendon, mild osteoarthritis of the left acromioclavicular joint, down sloping orientation of the acromion, and degenerative subchondral cystic changes in the left superior glenoid. The injured worker also underwent an MR arthrogram of the right shoulder on 07/21/2014, which revealed a SLAP tear and disruption of the right biceps anchor.

IMR ISSUES, DECISIONS AND RATIONALES

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

PA 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.

Labs: Complete blood count/Basic Metabolic Panel: 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.

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.

Bilateral Shoulder Arthroscopy, Rotator Cuff Repair, Biceps Tenodesis 29826-28: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Bicep Tenodesis

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a 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, and clear clinical and imaging evidence of a lesion. Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. The Official Disability Guidelines state prior to a biceps tenodesis, there should be documentation of at least 3 months of conservative treatment with NSAIDs and physical therapy. The history and physical examination and imaging study should indicate pathology. As per the documentation submitted, there was no physical examination provided on the requesting date. Therefore, there is no documentation of a significant functional limitation. There is also no mention of an attempt at any conservative treatment for the bilateral shoulders. As such, the request is not medically necessary.