

Case Number:	CM14-0134271		
Date Assigned:	08/25/2014	Date of Injury:	10/01/2012
Decision Date:	09/18/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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 New York. 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 patient is a 47-year-old male with a date of injury October 1, 2012. The patient slipped and fell at work. He has physical therapy medications and a transcutaneous electrical nerve stimulation (TENS) unit and has been diagnosed with cervical spine maillot fasciitis and radiculitis lumbar spine pain bursitis of the hip, and impingement syndrome of the right shoulder and lateral epicondylitis of the right elbow. He complains of neck pain and pain in the right shoulder. Physical examination shows tenderness along the trapezius bilaterally. There is tenderness to the anterior aspect of the right shoulder. Range of motion of the shoulder was 160 abduction and 20 internal rotation. Grip strength is normal on the right. Supraspinatus motor strength is 4+ over 5. Deep tendon reflexes are normal. Impingement test and drop on test a positive. X-rays of the right shoulder show no soft tissue swelling. MRI to the right shoulder from July 2014 shows supraspinatus tendinosis with low-grade intersubstance partial thickness tear posteriorly. The Infraspinatus tendinosis has fraying. There is mild degeneration of the glenohumeral joint and acromioclavicular joint hypertrophy. The issue is whether shoulder surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

DX/Opa , right shoulder with pasta repair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter, ODG shoulder pain chapter.

Decision rationale: This patient does not meet criteria for shoulder surgery. ODG guidelines indicate that partial thickness rotator cuff tears must have 3-6 months of physical therapy. There also must be temporary relief from anesthetic injection. This should be imaging studies that show evidence of the deficit the rotator cuff. In this case, physical exam findings do not show evidence of night pain or pain with active arc of motion. There is also no weakness were reduced range of abduction noted. There is no positive impingement sign noted. There is no documentation of treatment with an anesthetic injection. Criteria for shoulder surgery is not met, therefore the request for DX/Opa, right shoulder with PASTA repair 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 Official Disability 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.

Pre op medical clearance: Upheld

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

Cold therapy unit: Upheld

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

Shoulder sling for purchase: Upheld

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

Pain pump for purchase: Upheld

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

Physical therapy three times a week for 4 weeks (post op): Upheld

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

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.