

Case Number:	CM14-0139606		
Date Assigned:	09/05/2014	Date of Injury:	10/15/2013
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 68 year-old female was reportedly injured on 10/15/2013. The most recent progress note, dated 8/14/2014, indicates that there are ongoing complaints of bilateral shoulder pain. The physical examination demonstrated left shoulder: forward flexion 140, external rotation 70, extension 30, and internal rotation 30. Sensory exam is intact and unremarkable. Muscle strength 4/5. Positive tenderness to palpation of the acromioclavicular (AC) joint. Positive impingement sign. Diagnostic imaging studies including MRI of cervical spine dated 8/13/2014 which reveals moderate degenerative disc disease from C4-C5 and C6-C7. Neural foraminal narrowing at C5-C6 and C6-C7. Moderate canal narrowing at C4-C5. An MRI of the right shoulder dated 8/8/2014 reveals full thickness tear of the supraspinatus and majority of the infraspinatus. Glenohumeral joint and AC joint osteoarthritis. Previous treatment includes medications, injections, physical therapy, and conservative treatment. A request had been made for left shoulder arthroscopy, possible distal clavicle arthroplasty, possible labral repair, possible bicep tenodesis, possible rotator cuff repair, Ultra Sling with pillow and was not certified in the pre-authorization process on 8/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, Possible Distal Clavicle Arthroplasty, Possible Labral Repair, Possible Bicep Tenodesis, Possible Rotator Cuff Repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Surgery for Rotator Cuff Repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: ACOEM practice guidelines support rotator cuff repair for the treatment of small, medium or large tears if all of the following three criteria are met: shoulder joint pain; reduced range of motion of shoulder and impaired function; and positive MR arthrogram, MRI findings or ultrasound of a rotator cuff tear. Adding subacromial decompression to a rotator cuff repair is supported for treatment of isolated supraspinatus tears with a type II or III acromion. Review of the available clinical documentation, shows decreased range of motion, positive impingement sign, and tenderness to palpation over the AC joint. It is noted the injured worker does has a positive MRI and will likely benefit from shoulder'. However as currently stated the guidelines do not support the complete request of possible procedures associated with this request. Therefore, this surgical request is deemed not considered medically necessary.

Ultrasling with Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Shoulder Chapter (Acute & Chronic) Updated 07/29/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC: Shoulder (Acute & Chronic) (updated 04/25/14)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.