

Case Number:	CM14-0145098		
Date Assigned:	09/12/2014	Date of Injury:	08/10/2012
Decision Date:	12/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 female who has chronic shoulder pain. The patient has shoulder pain for a long period of time. Ultrasound of the shoulder does not show a full thickness rotator cuff tear. The patient has a date of injury of 10 August 2012. The patient has been diagnosed with unspecified shoulder condition. The medical records indicate that the patient has shoulder bursitis and biceps tendinitis. On physical examination the patient has tenderness palpation of the shoulder and tenderness of the bicipital groove. Is a positive Neer and Hawkins sign. Impingement sign is present. At issue is whether shoulder surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder surgery arthroscopy with subacromial decompression and rebrillant with bicep with assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 211, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; Section: Shoulder (Acute & Chronic) (updated 07/20/2014) and Clinical Evidence: BMJ Publishing Group, Ltd.; London, England; Section: Musculoskeletal Disorders; Condition: Shoulder Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation MTUS Shoulder Pain Chapter

Decision rationale: This patient does not meet establish criteria for shoulder surgery. Specifically there is no documentation of an adequate trial and failure of physical therapy. There is no documentation of adequate conservative measures to include subacromial shoulder injection. In addition the physical exam does not document complete rotator cuff tear with significant loss of motion. Imaging studies do not document complete rotator cuff tear. Additional conservative measures are necessary at this time. Shoulder surgery not medically needed.

Post op physical therapy 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation MTUS Shoulder Pain Chapter

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation MTUS Shoulder Pain Chapter

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.