

Case Number:	CM14-0150291		
Date Assigned:	09/18/2014	Date of Injury:	05/25/2013
Decision Date:	10/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine & Rehabilitation 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 medical records reflect the injured worker is a 52 year old male who sustained a work injury on 5-25-13. On this date, the injured worker was standing on a two story building and fell. He sustained a right hip fracture treated with open reduction, internal fixation. He was also provided with a diagnosis of right shoulder impingement syndrome, possible labral tear, patella tendinitis. Office visit on 8-11-14 notes the injured worker had right shoulder pain with overhead activities. On exam, the injured worker has tenderness at the AC joint, bursa and rotator cuff. Abduction was 130 degrees, internal rotation at 30 degrees and impingement was positive as well as Hawkins test. MRI of the right shoulder dated 6-27-14 notes the injured worker has degenerative changes involving possible AC joint with possible superior labral lesion. MRI of the right shoulder dated 6-27-14 notes the claimant has degenerative changes involving possible AC joint with possible superior labral lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon, right shoulder: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - surgery for SLAP lesions and impingement syndrome

Decision rationale: Official Disability Guidelines (ODG) reflects that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty) and SLAP repair is performed for SLAP lesions type II or IV, which is diagnosed with an MRI arthrogram. Although the injured worker has MRI findings of AC degenerative changes and has positive impingement signs on exam, he does not have an established diagnosis of a SLAP lesion. Therefore, the medical necessity of this request is not established, as he is not a surgical candidate for the proposed procedures.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN ACADEMY OF ORTHOPEDIC SURGEONS, ORTHOPEDIC KNOWLEDGE UPDATE, CHAPTER 9, PERLOPERATIVE MEDICAL MANAGEMENT, PAGES 105-113

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - surgery for SLAP lesions and impingement syndrome

Decision rationale: Official Disability Guidelines (ODG) reflects that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty) and SLAP repair is performed for SLAP lesions type II or IV, which is diagnosed with an MRI arthrogram. Although the injured worker has MRI findings of AC degenerative changes and has positive impingement signs on exam, he does not have an established diagnosis of a SLAP lesion. Therefore, the medical necessity of this request is not established, as he is not a surgical candidate for the proposed procedures.

OPA, SAD, synovectomy, bursectomy, Mumford procedure and possible slap repair for the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - surgery for SLAP lesions and impingement syndrome

Decision rationale: Official Disability Guidelines (ODG) reflects that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty) and SLAP repair is performed for SLAP lesions type II or IV, which is diagnosed with an MRI arthrogram. Although the injured worker has MRI findings of AC degenerative changes and has positive impingement

signs on exam, he does not have an established diagnosis of a SLAP lesion. Therefore, this request is not medically necessary.

Post op physical therapy 3 x a week x 4 weeks, right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - physical therapy

Decision rationale: Official Disability Guidelines (ODG) reflects that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty) and SLAP repair is performed for SLAP lesions type II or IV, which is diagnosed with an MRI arthrogram. Although the injured worker has MRI findings of AC degenerative changes and has positive impingement signs on exam, he does not have an established diagnosis of a SLAP lesion. Therefore, the medical necessity of this request is not established, as he is not a surgical candidate for the proposed procedures.