

Case Number:	CM14-0151185		
Date Assigned:	09/19/2014	Date of Injury:	10/02/1997
Decision Date:	10/20/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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 California. 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 claimant is a 50-year-old female who was in a work-related injury on 07/07/01. The clinical records provided for review documented complaints focused on the right shoulder. The report of an MRI dated 11/26/13 revealed mild supraspinatus tendinosis with no definitive rotator cuff tearing or retraction and positive acromioclavicular joint osteoarthritis. The report of assessment dated 08/08/14 noted that the claimant's pain was worse with overhead activity and at night. Physical examination showed limited range of motion, 95 degrees of forward flexion and abduction, positive drop arm testing and impingement signs. Because the claimant has failed to improve with conservative treatment, the recommendation for shoulder arthroscopy with subacromial decompression was recommended. The medical records did not identify recent conservative treatment including injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right shoulder arthroscopic evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery; Acromioplasty; Criteria

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 211.

Decision rationale: Based on California ACOEM Guidelines, the request for right shoulder arthroscopic evaluation is not recommended as medically necessary. ACOEM Guidelines recommend that patients requiring surgery for impingement, subacromial decompression, should have three to six months of conservative care including corticosteroid injections prior to consideration for the procedure. While it is documented that the claimant has chronic complaints, there is a lack of documentation of any form of recent conservative treatment that has been rendered. Without documentation of recent corticosteroid injections and three to six months of conservative measures, the request for surgery does not meet ACOEM Guideline criteria for medical necessity.

1 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.

1 Medical Clearance: 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, blood renal functional panel, CBC, PT, PTT: 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.

1 sling: 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.

16 post-op physical therapy: 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.

subacromial decompression with acromioplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery; Acromioplasty: Criteria

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: Based on California ACOEM Guidelines, the request for subacromial decompression with acromioplasty is not recommended as medically necessary. ACOEM Guidelines recommend that surgery for impingement, subacromial decompression, the need for three to six months of conservative care including corticosteroid injection. While it is documented that the claimant has chronic complaints, there is a lack of documentation of any form of recent conservative treatment that has been rendered. Without documentation of recent corticosteroid injections and three to six months of conservative measures, the request for surgery does not meet ACOEM Guideline criteria for medical necessity.