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| Case Number: | CM14-0153653 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 07/18/2014 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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 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 52-year-old female with a documented date of injury on 07/18/14. The clinical records provided for review did not include any documentation of clinical examination findings. According to a previous Utilization Review determination, the claimant was injured two months ago but the report failed to identify any evidence of recent treatment, no documentation of physical examination findings or documentation of imaging for review. This is a request for operative intervention for right shoulder arthroscopy with possible open rotator cuff repair. The remainder of the clinical records did not include any evidence of imaging, physical examination findings, previous treatment, or current subjective complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic with possible open rotator cuff repair, 2 anchor implants:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG);
Indications fo Surgery - Rotator cuff repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 210-211.

Decision rationale: Based on California ACOEM Guidelines, the request for right shoulder arthroscopy with possible open rotator cuff repair, and 2 anchor implants is not recommended as medically necessary. The medical records provided do not contain reports of imaging to determine pathology to support the surgical request. There is also no documentation of objective findings on examination or conservative treatment provided to the claimant. Without documentation of clinical imaging or documentation of 3-6 months of conservative care, the requested surgery cannot be supported as 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 - Treatment in Workers' Comp. Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for right shoulder arthroscopy with possible open rotator cuff repair, and 2 anchor implants is not recommended as medically necessary. Therefore, the request for pre-operative medical clearance is also not medically necessary.

Post-Op PT 12 sessions Right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for right shoulder arthroscopy with possible open rotator cuff repair, and 2 anchor implants is not recommended as medically necessary. Therefore, the request for post-operative physical therapy is also not medically necessary.

Shoulder abduction bolster: 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 ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative abduction pillow sling

Decision rationale: The request for right shoulder arthroscopy with possible open rotator cuff repair, and 2 anchor implants is not recommended as medically necessary. Therefore, the request for an abduction sling is also not medically necessary.