MAXIMUS Federal Services

Case Number:	CM14-0154696		
Date Assigned:	09/24/2014	Date of Injury:	09/26/2002
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 54 year old female with a date of injury on 9/26/2002. Subjective complaints are of increasing shoulder and neck pain. Physical exam shows grinding and popping in the shoulder, positive impingement signs, range of motion 95 degrees forward flexion, external rotation 30 degrees internal rotation to L5, and mildly decreased strength. Shoulder MRI showed previous Mumford and rotator cuff repair, and partial-thickness rotator cuff tendon tearing with subacromial bursitis. Prior treatment has included surgery, and multiple corticosteroid injections. Submitted records do not indicate previous or ongoing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Shoulder Arthroscopic Debridement and Acromioplasty; Possible Rotator Cuff Repair: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Acromioplasty.

Decision rationale: ACOEM guidelines indicate that arthroscopic decompression is not indicated for patients with mild symptoms. Conservative care should be carried out for at least 3 to 6 months before considering surgery. The ODG indicates that before Acromioplasty, 3-6 months of conservative therapy should be accomplished prior to surgery. For this patient, submitted documentation did not identify ongoing conservative therapy or any formal physical therapy for the 3-6 months prior to the requested procedure. Therefore, the medical necessity for arthroscopic debridement and acromioplasty is not established at this time.

1 Pre-Op Labs/Testing: CBC, UA, EKG, CMP: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Acromioplasty.

Decision rationale: Since the requested shoulder procedure was deemed not medically necessary, the request for preoperative lab evaluation would not be medically necessary as well.

12 Post Operative Physical Therapy Visits: 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 Official Disability Guidelines (ODG) Shoulder, Physical Therapy.

Decision rationale: CA MTUS postsurgical guidelines indicate that the initial course of physical therapy after shoulder surgery is 15 sessions, which can be extended to 30 visits over 18 weeks if functional improvement is present. Since the requested surgical procedure is deemed not medically necessary, the associated post-operative physical therapy would not be indicated. Therefore, the medical necessity for 12 physical therapy sessions is not established.

1 Post Operative Sling: 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 Official Disability Guidelines (ODG) Shoulder, Acromiplasty.

Decision rationale: Since the requested shoulder procedure was deemed not medically necessary, the use of a postoperative sling would not be indicated. Therefore, the medical necessity for a sling is not established.

Post Operative Norco 10/325 MG: Upheld

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

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

Decision rationale: Since the requested shoulder procedure was deemed not medically necessary, the use of a postoperative pain medication would not be indicated. Therefore, the medical necessity for Norco is not established.

Post Operative Percocet 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211,Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Since the requested shoulder procedure was deemed not medically necessary, the use of a postoperative pain medication would not be indicated. Therefore, the medical necessity for Percocet is not established.