

Case Number:	CM14-0160352		
Date Assigned:	10/03/2014	Date of Injury:	10/24/2012
Decision Date:	12/05/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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 51-year old gentleman who sustained a right shoulder injury on 10/24/12. Clinical records available for review indicate that following a course of conservative care the claimant underwent a 5/21/13 right shoulder arthroscopy with labral repair. Given the claimant's postoperative complaints of pain and continued difficulty with rehabilitation a 3/18/14 right shoulder MRI scan was performed. It showed evidence of a tear to the supraspinatus without full-thickness tearing or retraction. There was also evidence of previously repaired labrum. Following the MRI the claimant continued to be treated with physical therapy. A 10/7/14 follow-up report indicated the claimant was with continued complaints of pain about the right shoulder for which further operative intervention was recommended. Objective findings showed forward flexion of 150 degrees, abduction 130 degrees, internal rotation to 60, and external rotation to 70, with 4/5 strength globally about the right shoulder girdle muscles. The claimant was diagnosed with partial thickness rotator cuff tearing and impingement. The record documented failed conservative care and it was noted that there was a need for repeat arthroscopic intervention to include a rotator cuff repair procedure. In the interim, the claimant was continued on medications including Percocet, home exercises and temporary disability. Further review of the MRI scan indicated the claimant's supraspinatus tendon findings were not significantly changed from previous assessment of 2/15/13 and there were also mild hypertrophy changes about the acromioclavicular joint. Records available for review lacked evidence of recent injection therapy or other forms of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy revision and repair of supraspinatus tendon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

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

Decision rationale: Based on California ACOEM Guidelines, arthroscopic procedure to include repair of the supraspinatus tendon would not be indicated. This individual has previously undergone a labral repair with current MRI findings showing no significant change to the claimant's supraspinatus tear. Clinical records fail to document a recent six (6) month course of conservative care focused on the rotator cuff to include injection therapy. While this individual is with continued discomfort the guideline criteria require conservative care and as that is not present in this case and in that the MRI findings are not significantly changed, the requested surgery would not be supported as medically necessary.

Post op cold therapy unit, 2 week rental: 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.

Post op abduction 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.

Post op physical therapy 2 times 6: 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.

Pre op clearance with in-house MD, including labs, EKG & Chest x-ray: 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.

Norco 7.5/325 mg #60: 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.

Zofran 5mg #20: 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.