

Case Number:	CM14-0020050		
Date Assigned:	04/25/2014	Date of Injury:	05/20/2009
Decision Date:	07/14/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/18/2014

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 Pennsylvania. 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 patient is a 58-year-old who was injured in a work related accident on 05/20/09. Records indicate an injury to the right shoulder. Recent testing included an MRI from 12/07/13 that showed moderate to severe degenerative changes of the acromioclavicular joint, a type II acromion, severe supraspinatus tendinosis with interstitial tearing, but no full thickness or partial thickness pathology. The progress report of 12/18/13 stated continued complaints of right shoulder pain with exam findings of 150 degrees of abduction and forward flexion. Crepitation with range of motion and tenderness. There was positive impingement in Hawkins testing. It states that the claimant has failed conservative measures including physical therapy. It states that the claimant was adamant against a corticosteroid injection, but there was no contraindication listed. Surgical process is recommended in the form of right shoulder arthroscopy, decompression, distal clavicle excision, and debridement versus repair of labrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT SHOULDER ARTHROSCOPY, ARTHROSCOPIC SUBACROMIAL DECOMPRESSION, DISTAL CLAVICLE EXCISION AND DEBRIDMENT VERSUS REPAIR OF LABRAL TEAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 procedure.

Decision rationale: Based on the California ACOEM Practice Guidelines and supported by the ODG criteria, surgical process would not be indicated for this patient. Before proceeding with operative intervention for a diagnosis of impingement, conservative care for three to six months, including injection, would need to take place. While this individual is against an injection, there was no contraindication to an injection listed in the documentation provided. Therefore, the requested services are not medically necessary or appropriate at this time.

18 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 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 COLD THERAPY DEVICE: 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 ULTRA 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.