MAXIMUS Federal Services

Case Number:	CM14-0020280		
Date Assigned:	04/25/2014	Date of Injury:	04/27/2011
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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:

This is a 62-year-old claimant who was injured in a work related accident on 04/27/11, sustaining an injury to the right shoulder. Records indicate two prior surgical processes to the right shoulder. The first was performed in 1994, predating the injury, the second on January 27, 2012 in the form of a rotator cuff repair. Recent orthopedic assessment from November 19, 2013 indicated that the claimant was with primarily complaints of pain about his right shoulder, denying recent injury, but stating increased complaints of pain. Physical examination findings at that date showed restricted shoulder range of motion at endpoints to 90 degrees of abduction and 80 degrees of forward flexion. There was pain with cross body adduction and difficulty with overhead activity, tenderness to the AC joint and diminished strength. Reviewed was a prior right shoulder arthrogram from 03/21/13 that showed tendinosis to the supra and infraspinatus tendon, but no rotator cuff tearing. There were postoperative changes consistent with subacromial decompression and mild glenohumeral joint thinning. At present, there is a current request based on failed conservative care for an open rotator cuff procedure in this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPEN DECOMPRESSION ROTATOR CUFF RIGHT SHOULDER, UNKNOWN LOS:
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): 210.

Decision rationale: The California ACOEM Guidelines would not support the role of an open rotator cuff procedure. Records do not indicate full thickness rotator cuff pathology in this individual that is status post two prior surgical processes to the shoulder. A lack of clinical correlation between imaging findings and the employee's current clinical picture would fail to support the open surgical process of the rotator cuff as requested.

POSTOPERATIVE PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS: 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.

IN HOSPITAL PREOPERATIVE CLEARANCE, CBC WITH DIFFERENTIAL, CMP, UA: 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.

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.

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.

CONSULTATION WITH ANESTHESIOLOGIST: 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.