

Case Number:	CM14-0024138		
Date Assigned:	06/11/2014	Date of Injury:	01/07/2012
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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:

This 47-year-old male horse handler sustained an industrial injury on 1/7/12. The injury occurred when he was shearing a horse that reared up and backed onto him, and he struck his head on a metal pipe. He sustained multiple rib fractures and underwent surgery on 3/21/12 to remove a substernal hematoma. The patient was under the care of multiple physicians for chronic pain in the neck, low back, upper extremities, and lower extremities. The 9/18/13 left shoulder x-rays documented normal images of the left shoulder. The 10/30/13 orthopedic report documented slowly increasing shoulder pain over the past 18 months with some crepitus but no instability or mechanical symptoms. Pain occurred when he lifted more than 10 pounds, performed overhead activities, or showered. The orthopedist recommended an MRI and some soft tissue therapy. The 11/27/13 left shoulder MRI impression documented moderate rotator cuff tendinosis with subacromial/subdeltoid bursitis, down sloping acromion, acromioclavicular joint degenerative change without full thickness tear or retraction. There was a SLAP lesion extending to the biceps anchor and partially torn, but not avulsed. There was minimal glenohumeral degenerative change with joint effusion, synovitis, subacromial/subdeltoid, and subcoracoid bursitis, and teres minor muscle atrophy. The 1/22/14 orthopedic report cited continued pain with overhead activity or any heavy lifting. He had bilateral shoulder injections at his last visit with 100% relief for one month. Left shoulder exam findings documented grade 7-8/10 pain, biceps tenderness, no joint instability, positive impingement and Speed's tests, and normal strength, sensation, and reflexes. Left shoulder range of motion was within normal limits and pain free. The MRI findings were reviewed and surgery was recommended to include arthroscopic subacromial decompression and SLAP repair. A concurrent request was submitted for posterior cervical foraminotomy on the left at C5/6 for MRI findings of severe left neuroforaminal narrowing at C5/6 that correlated with the clinical presentation and had failed conservative treatment. The response to the 2/14/14 request

for additional information indicated that the patient had not had any treatments other than the recent injections for his left shoulder complaints. The 2/18/14 utilization review denied the request for left shoulder surgery, as there was no indication of activity limitation, range of motion deficits, motion pain, night pain, or comprehensive conservative treatment consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY AND DEBRIDEMENT FOR THE LEFT SHOULDER WITH SUBACROMIAL DECOMPRESSION AND SLAP REPAIR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement syndrome, Surgery for SLAP lesions.

Decision rationale: The ODG states that for subacromial decompression it is required to have 3 to 6 months of conservative treatment, plus weak or absent abduction, and positive impingement sign with a positive diagnostic injection test. The ODG state that SLAP lesions may warrant surgery for patients failing conservative treatment. In this case, the patient presents with severe left C4/5 neuroforaminal narrowing with a concurrent request for cervical spine surgery. The left shoulder exam findings document normal strength, and full and pain-free range of motion. The left shoulder MRI findings are positive for partial supraspinatus and subscapularis tear, biceps tendinitis, and a partial SLAP tear. There is no detailed documentation that comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for arthroscopy and debridement for the left shoulder with subacromial decompression and SLAP repair is not medically necessary.

12 POST-OPERATIVE CHIRO-PHYSIOTHERAPY SESSIONS: 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-OPERATIVE LABS INCLUDING: CBC, CHEM 7, PT/PTT/INR, EKG AND 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.

FOLLOW UP STATUS POST-SURGERY: 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.

COLD THERAPY UNIT: 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.

REFERRAL TO MEDICAL DOCTOR FOR PRE-OPERATIVE CLEARANCE: 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.