

Case Number:	CM14-0027035		
Date Assigned:	06/13/2014	Date of Injury:	03/07/2012
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/02/2014

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 and Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 40-year-old male who reported an injury on 03/07/2012. The mechanism of injury was not stated. Current diagnoses include impingement syndrome in the left shoulder and elements of stress, depression and sleep issues. The injured worker was evaluated on 02/06/2014. It is noted that the injured worker is status post shoulder injection on 01/23/2014. Previous conservative treatment also includes hot and cold therapy as well as TENS therapy. Physical examination revealed tenderness along the rotator cuff with 85 degrees of abduction, weakness and biceps tendon inflammation. Treatment recommendations at that time included a surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY, EVALUATE CALCIFIC LESION, POSSIBLE ROTATOR CUFF REPAIR: 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): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for a surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs and clear clinical and imaging evidence of a lesion. As per the documentation submitted, there is no evidence of a failure to increase range of motion and strength after exercise programs. There were also no imaging studies provided for review. Therefore, the injured worker does not meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines. As such, the request is not medically necessary.

PRE-OPERATIVE CLEARANCE / HISTORY AND PHYSICAL: 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.

CBC AND CMP: 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.

ELECTROCARDIOGRAM: 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.

POLAR CARE 21 DAYS 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.