

Case Number:	CM14-0038291		
Date Assigned:	07/30/2014	Date of Injury:	11/21/2012
Decision Date:	08/29/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/01/2014

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 New York. 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 40-year-old female with date of injury November 21, 2012. The patient has chronic right shoulder pain. She is taken medications had physical therapy home exercises and a subacromial injection. The patient still has right shoulder pain. Patient has an MRI that shows mild tendinosis of the rotator cuff and mild a.c. joint degeneration. At issue is whether surgery for subacromial decompression and rotator cuff repair is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Acromioplasty Mumford, possible rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guideline Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG shoulder and elbow Chapter.

Decision rationale: This patient does not meet establish criteria for subacromial shoulder decompression or shoulder rotator cuff repair surgery. The MRI imaging does not demonstrate a surgical lesion. The MRI imaging does not demonstrate a complete tear of the rotator cuff. The MRI imaging does not demonstrate any evidence of impingement syndrome. The diagnosis of

impingement syndrome and rotator cuff tear has not been clearly established in this case. Imaging studies and physical examination do not support the diagnosis. Established criteria for shoulder surgery has not been met, therefore the request is not medically necessary.

Pre-operative CBC, Chem Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Preoperative Testing.

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 Operative Physical Therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 Immobilizer Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Post Operative cold therapy shoulders.

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.