

Case Number:	CM14-0038751		
Date Assigned:	08/01/2014	Date of Injury:	01/21/2011
Decision Date:	09/09/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 is a 47-year-old gentleman who injured the right shoulder in a work related accident on January 21, 2011. Records provided for review include the report of an MRI scan on May 29, 2013 that showed acromioclavicular arthritis, tendinosis to the supra and infraspinatus and a synovial ganglion cyst. The follow-up report of March 12, 2014 described persistent complaints of pain in the shoulder with examination showing tenderness anteriorly, pain over the glenohumeral joint, restricted range of motion, positive impingement testing but no documented weakness. The report documented that the claimant had failed conservative care of injections, physical therapy and acupuncture and arthroscopy, subacromial decompression, distal clavicle resection and rotator cuff repair was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy decompression of subacromial space with partial acromioplast and rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: Based on California ACOEM Guidelines, the requested right shoulder surgery is not medically necessary. ACOEM Guidelines recommend rotator cuff repair for significant tears that impair activities by causing weakness of arm elevation or rotation. While the records indicate failed conservative care, the clinical imaging report fails to demonstrate any degree of formal full thickness rotator cuff tearing that would support the acute need of a rotator cuff repair. Based on the lack of imaging demonstrating rotator cuff pathology, the acute need for surgical process as requested would not be indicated. Therefore, the request is not medically necessary.

Continuous Passive Motion Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder -CPM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -.

Decision rationale: The request for right shoulder arthroscopy decompression of subacromial space with partial acromioplasty and rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for a continuous passive motion machine is also not medically necessary.

Micro Cool Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556.

Decision rationale: The request for right shoulder arthroscopy decompression of subacromial space with partial acromioplasty and rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for a micro cool unit is also not medically necessary.

Home Therapy Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51, Postsurgical Treatment Guidelines.

Decision rationale: The request for right shoulder arthroscopy decompression of subacromial space with partial acromioplasty and rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for a home therapy program is also not medically necessary.

UltraSling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder -Postoperative abduction pillow sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure -Postoperative abduction pillow sling.

Decision rationale: The request for right shoulder arthroscopy decompression of subacromial space with partial acromioplasty and rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for an UltraSling is also not medically necessary.

Post-Operative Physical Therapy (8-sessions, 2 times a week for 4 weeks, to the right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for right shoulder arthroscopy decompression of subacromial space with partial acromioplasty and rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for outpatient physical therapy program is also not medically necessary.

Pre Operative History and Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guidelines.gov/content.aspx?id=38289>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for right shoulder arthroscopy decompression of subacromial space with partial acromioplasty and rotator cuff repair cannot be recommended as medically

necessary. Therefore, the request for preoperative history and physical is also not medically necessary.

Pre Operative Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guidelines.gov/content.aspx?id=38289>Official Disability Guidelines Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for right shoulder arthroscopy decompression of subacromial space with partial acromioplasty and rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for a preoperative chest x-ray is also not medically necessary.

Pre Operative Lab work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guidelines.gov/content.aspx?id=38289>Official Disability Guidelines Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for right shoulder arthroscopy decompression of subacromial space with partial acromioplasty and rotator cuff repair cannot be recommended as medically necessary. Therefore, the request for preoperative lab work is also not medically necessary.