

Case Number:	CM14-0039466		
Date Assigned:	06/27/2014	Date of Injury:	12/17/2013
Decision Date:	08/06/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 37-year-old male who reported an injury on 12/17/2013. The mechanism of injury was not specifically stated. The current diagnosis is left shoulder sprain with underlying degenerative pattern. The latest physician progress report submitted for this review is documented on 02/11/2014. The injured worker completed 12 sessions of physical therapy with an improvement in symptoms. Physical examination revealed painful arc and apprehension on all maneuvers; tenderness at the AC joint, biceps, and supraspinatus regions; positive shoulder apprehension and relocation testing; and stiffness. Treatment recommendations at that time included an orthopedic consultation. It is noted that the injured worker underwent an MRI of the left shoulder on 01/15/2014, which indicated previous anterior dislocation, healed osseous Bankart lesion, and negative rotator cuff abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy left shoulder with surgical debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Indications for Surgery-Shoulder Dislocation Surgery.

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 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 for this review, the injured worker's MRI of the left shoulder only indicated a healed osseous Bankart lesion with evidence of a previous anterior dislocation. It is noted that the injured worker is pending authorization for an orthopedic consultation for the left shoulder. There is no documentation of an exhaustion of conservative treatment. The injured worker completed 12 sessions of physical therapy with an improvement in symptoms. Based on the clinical information received, the request for Arthroscopy left shoulder with surgical debridement is not medically necessary.

Physical therapy 2 times a week for 8-12 weeks: 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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Shoulder Chapter- continuous-flow cryotherapy.

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.