MAXIMUS Federal Services

Case Number:	CM14-0043883		
Date Assigned:	07/02/2014	Date of Injury:	05/13/2010
Decision Date:	08/05/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/10/2014

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 66-year-old male who reported injury on 05/13/2010. The mechanism of injury was not provided. The injured worker underwent a left shoulder rotator cuff repair, decompression, and distal clavicle resection in 03/2011. Prior treatments included acupuncture and physical therapy. The injured worker underwent a magnetic resonance imaging (MRI) of the left shoulder on 03/24/2014, which revealed there was evidence of prior rotator cuff repair, with no evidence of rotator cuff re-tear. There was lateral down sloping of the acromion resulting in lateral arch narrowing and there was tenosynovitis of the biceps tendon. The documentation of 01/31/2014, revealed a handwritten note that was difficult to read. There was no DWC form, RFA, or PR-2 submitted for with a rationale for a surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consultation between 3/19-5/18/14.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 240.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The ACOEM Guidelines indicate that a referral for surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitation for more than 4 months plus the existence of a surgical lesion, failure to increase in range of motion and strength of musculature around the shoulder even after exercise programs and clear clinical and imaging evidence of a lesions that has been shown to benefit in both the long and short term from surgical repair. The clinical documentation revealed the injured worker had imaging evidence of a lesion that has been shown to benefit from surgical repair. However, the DWC form, RFA, and PR-2 were not submitted for review. There was no legible documentation of a shoulder examination for the requested date of service 03/19/2014. There was lack of documentation indicating the injured worker had a failure to increase range of motion and strength of musculature around the shoulder. The request, as submitted, failed to indicate the type of surgical consultation that was being requested. Given the above, the request for surgical consultation (between 03/19/2014 to 05/18/2014) is not medically necessary.