

Case Number:	CM14-0046640		
Date Assigned:	07/02/2014	Date of Injury:	11/06/2013
Decision Date:	08/01/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 60-year-old female who reported an injury on November 06, 2013. The mechanism of injury was a slip and fall. The injured worker reportedly sustained an injury to her right shoulder. The injured worker's treatment history included physical therapy and medications. The injured worker underwent an MRI of the right shoulder dated January 16, 2014. It was noted that the patient had a small but high interstitial tear of the supraspinatus attachment, subacromial bursitis and degenerative acromioclavicular joint disease. The injured worker was evaluated on March 05, 2014. Physical findings included right shoulder pain rated at a 2/10 to 3/10. It is noted that the patient has limited range of motion with popping and clicking sensations in the shoulder joint. Objective findings included full range of motion of the right shoulder with pain at extremes of abduction and flexion with positive impingement and pain with supraspinatus and infraspinatus muscular testing. A request was made for shoulder arthroscopy decompression with rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-212.

Decision rationale: The requested arthroscopy of the right shoulder and debridement is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend surgical intervention for the shoulder when the injured worker has significant functional impairment, has failed to respond to conservative treatments, and is supported by an imaging study. The clinical documentation does indicate that the patient has had physical therapy and medications. It is noted that the patient has pain complaints rated at a 2/10 to 3/10 but remained despite conservative therapy. However, the clinical documentation fails to identify how the patient's deficits significantly impairs the patient's ability to function. Additionally, there is no documentation that the patient has undergone any type of injections to assist with functional restoration. There is no documentation that the patient is currently participating in a home exercise program to address the patient's minimal remaining deficits. As such, the request is not medically necessary or appropriate.

Right Shoulder Arthroscopic Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-212.

Decision rationale: The requested arthroscopy of the right shoulder and decompression is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend surgical intervention for the shoulder when the injured worker has significant functional impairment and has failed to respond to conservative treatments and is supported by an imaging study. The clinical documentation does indicate that the patient has had physical therapy and medications. It is noted that the patient has pain complaints rated at a 2/10 to 3/10 but remained despite conservative therapy. However, the clinical documentation fails to identify how the patient's deficits significantly impairs the patient's ability to function. Additionally, there is no documentation that the patient has undergone any type of injections to assist with functional restoration. There is no documentation that the patient is currently participating in a home exercise program to address the patient's minimal remaining deficits. As such, the request is not medically necessary or appropriate.

Right Shoulder Arthroscopic Mumford Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-212.

Decision rationale: The requested arthroscopy right shoulder Mumford procedure is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend surgical intervention for the shoulder when the injured worker has significant functional impairment and has failed to respond to conservative treatments and is supported by an imaging study. The clinical documentation does indicate that the patient has had physical therapy and medications. It is noted that the patient has pain complaints rated at a 2/10 to 3/10 but remained despite conservative therapy. However, the clinical documentation fails to identify how the patient's deficits significantly impairs the patient's ability to function. Additionally, there is no documentation that the patient has undergone any type of injections to assist with functional restoration. There is no documentation that the patient is currently participating in a home exercise program to address the patient's minimal remaining deficits. As such, the request is not medically necessary or appropriate.

Right Shoulder Arthroscopic Rotator Cuff Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-212.

Decision rationale: The requested arthroscopy right shoulder rotator cuff repair is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend surgical intervention for the shoulder when the injured worker has significant functional impairment and has failed to respond to conservative treatments and is supported by an imaging study. The clinical documentation does indicate that the patient has had physical therapy and medications. It is noted that the patient has pain complaints rated at a 2/10 to 3/10 but remained despite conservative therapy. However, the clinical documentation fails to identify how the patient's deficits significantly impairs the patient's ability to function. Additionally, there is no documentation that the patient has undergone any type of injections to assist with functional restoration. There is no documentation that the patient is currently participating in a home exercise program to address the patient's minimal remaining deficits. As such, the request is not medically necessary or appropriate.

Pre Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI). PRE OPERATIVE MEDICAL CLEARANCE.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

Post Operative Physical Therapy (8 sessions - 2 times per week for 4 weeks): 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

A Post Operative Ultra Sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.