

Case Number:	CM14-0051420		
Date Assigned:	08/04/2014	Date of Injury:	03/23/2006
Decision Date:	09/10/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 51-year-old female sustained an industrial injury on 3/23/06. The mechanism of injury was not documented. Past surgical history was positive for right shoulder surgery in 2009, anterior cervical discectomy and fusion C4-C6 in 2010, and a repeat cervical posterior fusion in 2011. The 1/13/14 treating physician report examined the patient and referred her for a right shoulder MRI. The 2/14/14 right shoulder MRI revealed no evidence of rotator cuff tear, mild distal supraspinatus and infraspinatus tendinosis, no labral tear, and mild acromioclavicular arthritic changes. The 3/18/14 treating physician report recommended right shoulder debridement, subacromial decompression, open biceps, distal clavicle excision, and rotator cuff repair. Additional post-operative DME and services were requested. The 3/25/14 utilization review denied the right shoulder surgery and associated requests as there was inadequate conservative treatment and surgery was not indicated for patients with mild symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Debridement, SAD, open biceps, DCE, RCR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Arthroscopic decompression is not indicated for patients with mild symptoms or those who have no activity limitations. Guidelines state that conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. There is no current documentation of pain or functional assessment. Imaging findings do not show clear evidence of a surgical lesion. Therefore, this request for right shoulder debridement, subacromial decompression, open biceps, distal clavicle excision, and rotator cuff repair is not medically necessary.

Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Hospital length of stay (LOS).

Decision rationale: As the right shoulder surgery is not medically necessary, the request for outpatient status is also not medically necessary.

Post-op DME: Ultrasling, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205,213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative Abduction Pillow Sling.

Decision rationale: As the right shoulder surgery is not medically necessary, the request for post-operative DME Ultrasling right shoulder is also not medically necessary.

Post-op DME: cold compression, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative Abduction Pillow Sling.

Decision rationale: As the right shoulder surgery is not medically necessary, the request for post-operative DME Cold compression right shoulder is also not medically necessary.

Post-op physical therapy 2 times a week for 6 weeks, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As the right shoulder surgery is not medically necessary, the request for post-op physical therapy 2x6 right shoulder is also not medically necessary.

Post-op Home Health Aid 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: As the right shoulder surgery is not medically necessary, the request for post-op home health aid 3 times a week for 4 weeks is also not medically necessary.