

Case Number:	CM14-0053449		
Date Assigned:	07/07/2014	Date of Injury:	11/05/2011
Decision Date:	08/06/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/22/2014

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 and Utah. 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 53-year-old male who reported an injury on 11/05/2011. The mechanism of injury was a fall with an extended arm. Prior treatments included medications, work restrictions, rest, immobilization, physical therapy, and an injection. The diagnosis per the application for independent medical review was sprain of the rotator cuff. There was no DWC form RFA, PR-2 or MRI submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Right shoulder arthroscopy, subacromial decompression and rotator cuff repair:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Chapter: Shoulder Indications for surgery.

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate that surgical consultations may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months, plus existence of a

surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long-term and short-term from surgical repair. There was no DWC Form RFA, PR-2, or MRI submitted for review to support the request. There was a lack of documentation of activity limitation for more than 4 months and failure to increase range of motion and strength of the musculature around the shoulder even after exercise program. Given the above, the request for 1 right shoulder arthroscopy, subacromial decompression, and rotator cuff repair is not medically necessary.

One shoulder sling: 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)- Postoperative abduction pillow sling.

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.

Seven (7) days rental of 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)- 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.

Twelve (12) physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, 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.