

Case Number:	CM14-0053571		
Date Assigned:	07/07/2014	Date of Injury:	10/10/2011
Decision Date:	08/07/2014	UR Denial Date:	04/01/2014
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 General 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 female was injured 10/10/11. She is said to have developed low back pain when she was going to get ice. She also developed bilateral neck, upper extremity, elbow, wrist, and hand pain the result of repetitive job duties. She is using Soma and Norco. An MRI of the right shoulder 3/19/13, reported a full thickness tear of the supraspinatus with mild atrophy, degeneration changes of the acromioclavicular joint and cystic changes in the humeral head. An MRI of the cervical spine 8/19/13 revealed multiple disc abnormalities with disc bulges at several levels and spinal stenosis along with neuroforaminal narrowing. Plain films of the shoulders showed no fracture and no calcification. She has had a multitude number of physical and chiropractic therapy sessions and lumbar epidural steroid injections. Neither physical nor chiropractic therapy was beneficial nor did she continue to complain of right shoulder pain and weakness and pain with range of motion. Impingement, Hawkin's and Neer's signs were positive. The request was for right shoulder surgery; a pre-op history and physical examination with medical clearance; and pre-op CBC, UA, and Chem-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count test: 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), Treatment Index, 9th Edition (web), Regarding preoperative labs, EKG and chest x-ray.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Urinalysis test: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.