

Case Number:	CM14-0065213		
Date Assigned:	09/18/2014	Date of Injury:	08/06/2013
Decision Date:	11/19/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/08/2014

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:

The claimant is a 60 year old female who injured her right shoulder as a result of a slip and fall on 08/06/13. The clinical records provided for review did not include any reports of imaging. However, it was documented that an MRI report on 09/23/13 showed high grade partial thickness tearing of the supraspinatus. The records documented that conservative treatment to date has included physical therapy and medication management. The progress report dated 03/19/14 revealed continued complaints of discomfort, pain with overhead activity and restricted range of motion. Physical examination revealed positive impingement and spasms of the paravertebral musculature of the neck and trapezial region. Recommendation at that time were for a rotator cuff repair surgery. The medical records did not identify that the claimant has been treated with injection therapy, additional physical examination findings or formal imaging reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy , open rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on the California ACOEM Guidelines, the request for right shoulder arthroscopy and open rotator cuff repair cannot be supported. The medical records do not document that the claimant has received injection therapy for his shoulder symptoms as well as conservative care for three to six months as recommended by ACOEM Guidelines. There is no formal documentation of the claimant's imaging report available for review to confirm the presence of rotator cuff or full thickness rotator cuff pathology. Based on the above, the acute need of operative intervention would not be supported as medically necessary.

Physical Therapy for right shoulder 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.

Pre- op medical clearance: 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: The proposed surgery is not recommended as medically necessary. Therefore, the request for preoperative medical clearance is also not medically necessary.

Complete Blood Count: 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: The proposed surgery is not recommended as medically necessary. Therefore, the request for a preoperative complete blood count is also not medically necessary.

Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for preoperative comprehensive metabolic panel is also not medically necessary.

Urinalysis: 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: The proposed surgery is not recommended as medically necessary. Therefore, the request for a preoperative urinalysis is also not medically necessary.

Electrocardiogram: 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: The proposed surgery is not recommended as medically necessary. Therefore, the request for a preoperative electrocardiogram is also not medically necessary.

Chest x-ray: 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: The proposed surgery is not recommended as medically necessary. Therefore, the request for a preoperative chest x-ray is also not medically necessary.

Consultation with Anesthesiologist: 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: The proposed surgery is not recommended as medically necessary. Therefore, the request for consultation with anesthesiology is also not medically necessary.