

Case Number:	CM14-0066219		
Date Assigned:	07/11/2014	Date of Injury:	11/15/2013
Decision Date:	08/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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 injured worker is a 63 year old male who reported an injury to his left shoulder. The clinical note dated 01/08/14 indicates the injured worker complaining of left shoulder pain after holding a flat sheet of material with a coworker when he felt a pull in the left shoulder. There is an indication the injured worker has undergone 6 sessions of physical therapy to date. The injured worker continued with complaints of constant mild left lateral shoulder and arm pain, worse with overhead motions as well as lifting objects. Upon exam, the injured worker was able to demonstrate 180 degrees of elevation with 90 degrees of external rotation and 30 degrees of internal rotation and 5/5 strength. The injured worker was identified as having a positive Hawkins', O'Brien's and Speed's sign. The clinical note dated 01/29/14 indicates the injured worker having received temporary benefit from a previous injection at the left shoulder. However, the injured worker reported a return to pain that had worsened. The injured worker was recommended for a surgical intervention. The utilization review dated 04/28/14 resulted in a denial for a distal clavicle resection with a possible biceps tenodesis and preoperative clearance as there was a lack of information supporting the proposed operative procedures. A comprehensive clinical examination was not provided. No functional neurologic deficits were identified as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with distal clavicle resection and possible biceps tenodesis:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 2- Summary of Recommendations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for ruptured biceps tendon (at the shoulder).

Decision rationale: The documentation indicates the injured worker complaining of left shoulder pain. There is an indication that provocative findings resulted in positive results indicating a positive impingement sign. However, no information was submitted regarding the injured worker's completion of a 3 month course of conservative therapy. Additionally, no information was submitted regarding the injured worker's injection history. The injured worker demonstrated internal rotation deficits. However, no other functional complaints were identified in the submitted clinical notes. Given these factors, the request for a left shoulder arthroscopy with a distal clavicle resection and possible biceps tenodesis is not indicated as medically necessary.

Pre-operative 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.