

Case Number:	CM14-0073600		
Date Assigned:	07/16/2014	Date of Injury:	12/13/2013
Decision Date:	08/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/20/2014

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 Texas. 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 24-year-old male who reported an injury on 12/13/2013. The mechanism of injury was not provided. The documentation of 04/23/2014 revealed the injured worker had a growing mass on the left shoulder with pain and diminished range of motion. The physical examination revealed a large mass encompassing the shoulder, beginning posteriorly and extending around the deltoid area. The injured worker had relatively poor active range of motion because of the mass. The injured worker was noted to have ability to demonstrated approximately 65% abduction and forward flexion. The diagnosis included a large lipoma of the left shoulder. The treatment plan included a shoulder arthroscopy and excision of the lipoma. The mechanism of injury was the injured worker was storing boxes into back storage from outside and injured his left shoulder, neck, left arm, left forearm, upper back, and left hand. There was a large box which was heavier than usual, and the injured worker was requesting help from a coworker who ignored him. The injured worker lifted the box, and as he had it halfway up, he felt something pull or tear. Prior therapies included physical therapy and cold therapy. The injured worker underwent an x-ray of the left shoulder on 02/15/2014, which revealed an unremarkable plain film study of the shoulder. The injured worker underwent an MRI of the left shoulder on 01/16/2014, which revealed a flat acromion, a biceps tendon anchor tear, and a subcoracoid fluid, which reflected bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of the Left Shoulder combined with arthroscopic and mini open excision of lipoma: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202-212, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter; Leg Chapter, <http://www.wheelsonline.com/ortho/lipoma>, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2895296/>, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2687496/>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 305-307.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength of musculature around the shoulder even after exercise programs plus clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation of objective findings upon MRI or x-ray to support the necessity for surgical intervention. There was a lack of documentation of conservative care to support the necessity for an arthroscopy. While the documentation indicated the injured worker had a lipoma, the request in its entirety must be denied as there were no findings to support an arthroscopy. Given the above, the request for arthroscopy of the left shoulder combined with an arthroscopic and mini open excision of lipoma is not medically necessary.

Post Operative Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.