

Case Number:	CM14-0079478		
Date Assigned:	07/18/2014	Date of Injury:	02/09/2011
Decision Date:	08/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/30/2014

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 Orthopaedic 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 34-year-old female counter manager sustained an industrial injury on 2/9/11. The injury occurred when she was squatting behind a counter and a piece of a display fell on her head. The patient presented on 2/24/14 for evaluation after not been treated for a year. Subjective complaints included intermittent grade 7-8/10 left shoulder pain lasting several hours to a couple of days. The pain is worsened by sudden movement with her torso or left arm, lying on that side, pushing/pulling with the left arm, reaching down and behind her back, and lifting/carrying more than 15 pounds. The pain was reduced with rest, activity avoidance, Excedrin as needed, and heat. A left shoulder exam documented no evidence of muscle atrophy. There was tenderness noted over the greater tuberosity, anterior capsule, and proximal 1/3 of the biceps tendon. The shoulder range of motion was within normal limits bilaterally. Neer, Hawkin's and O'Brien's signs were positive. There was no anterior/posterior translation or inferior sulcus sign but a snap was noted with anterior translation. The treatment plan recommended follow-up after obtaining the left shoulder MRI done in the past year. The 4/21/14 treating physician progress report indicated the patient had not obtained an MRI of the shoulder. There were no changes in complaints and she was working regular duty. She did not desire medications. Left shoulder exam was unchanged. The 2/24/14 left shoulder x-rays were within normal limits. The diagnosis included left shoulder impingement, rule-out biceps superior labral anterior to posterior tear. The 4/29/14 utilization review denied the request for left shoulder surgery based on an absence of imaging evidence of a surgery lesion and no documentation that appropriate conservative care had been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Video left shoulder and correction of internal derangement and possible biceps tenodesis:
Upheld

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

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

Decision rationale: The ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. The guideline criteria have not been met. There is no documented imaging evidence of a surgical lesion. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for left shoulder video and correction of internal derangement and possible biceps tenodesis is not medically necessary.

Post-operative physical therapy 2 x 6, left shoulder: 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.

Assistant surgeon for listed surgery: 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.

Post-Operative Cold Therapy Unit x 7 days rental: 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.