

Case Number:	CM14-0080908		
Date Assigned:	07/23/2014	Date of Injury:	07/18/2011
Decision Date:	08/27/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 Pennsylvania. 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 patient is a 47 year old gentleman who was injured on 07/18/11. The medical records specific to the patient's shoulder include a recent progress report of 04/29/14 describing continued right shoulder pain with anterior tenderness, acromioclavicular joint tenderness, positive impingement and no instability noted on examination. The report of plain film radiographs on 04/01/14 showed calcific tendinitis. The report of an MRI scan in July 2011, identified partial thickness, fraying at the supraspinatus tendon, but no full thickness pathology. There was acromioclavicular joint disease, but no impingement findings noted. The records did not document recent conservative treatment. At the last clinical assessment of 04/29/14, a right shoulder arthroscopy was recommended. no full thickness pathology. There was acromioclavicular joint disease, but no impingement findings noted. The records did not document recent conservative treatment. At the last clinical assessment of 04/29/14, a "right shoulder arthroscopy" was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: California ACOEM Guidelines do not support the request for right shoulder arthroscopy. This individual's imaging is nearly three years old and does not contain documentation of full thickness rotator cuff pathology or acute clinical finding to support need for operative intervention. There is also a lack of documentation of recent conservative care including no recent injection therapy. The role of a shoulder arthroscopy, based on claimant's current imaging would not be supported.

Fexmid 7.5mg #60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

Decision rationale: The proposed right shoulder arthroscopy is not recommended as medically necessary. Therefore, the request for Flexmid is also not medically necessary.

Pre-op medical evaluation/clearance: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

Decision rationale: The request for right shoulder arthroscopy is not recommended as medically necessary. Therefore, the request for pre-operative medical clearance is also not medically necessary.

Postoperative physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed right shoulder arthroscopy is not recommended as medically necessary. Therefore, the request for post operative physical therapy is not medically necessary.

Durable Medical Equipment: 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 right shoulder arthroscopy is not medically necessary. The request for "durable medical equipment" cannot be commented on without further specification for what DME is being requested.