

Case Number:	CM14-0084615		
Date Assigned:	07/21/2014	Date of Injury:	09/20/2013
Decision Date:	08/27/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/06/2014

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, has a subspecialty in Spine 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 61-year-old male who reported an injury on 09/20/2013. The mechanism of injury involved repetitive activity. Current diagnoses include right shoulder impingement, rotator cuff strain, and adhesive capsulitis. The injured worker was evaluated on 05/27/2014 with complaints of ongoing right shoulder pain. Previous conservative treatment includes injection therapy, physical therapy, and NSAIDs. Physical examination on that date revealed tenderness to palpation, positive impingement sign, and painful range of motion. Treatment recommendations at that time included a right shoulder arthroscopy with subacromial decompression and possible rotator cuff repair. It is noted that the injured worker underwent an MRI of the right shoulder on 11/27/2013, which indicated negative findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, SAD and Possible Rotator Cuff Repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Page 209 ; Shoulder Surgery for Rotator Cuff Repair; Official Disability Guidelines; Shoulder Chapter ; Surgery for rotator cuff repair Official Disability Guidelines; ODG Indications for Surgery - Rotator Cuff Repair; Criteria for rotator cuff repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation OMPG.

Decision rationale: California MTUS ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. Surgery for impingement syndrome is not indicated for patients with mild symptoms or those who have no activity limitations. As per the documentation submitted, the injured worker has been previously treated with physical therapy, injection, and NSAIDs. However, the MRI of the right shoulder does not identify surgical pathology. There is also no documentation of a significant functional limitation that would support surgical intervention at this time. Based on the clinical information received, the request is not medically necessary and appropriate.

Post Op PT x 20 Visits: 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 med necessary, none of the associated services are medically necessary.

CPM Machine x 21 Days: 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 med necessary, none of the associated services are medically necessary.