

Case Number:	CM14-0084632		
Date Assigned:	07/21/2014	Date of Injury:	02/06/2009
Decision Date:	09/22/2014	UR Denial Date:	05/15/2014
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 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 64-year-old female who reported an injury on 02/06/2009. The mechanism of injury was a motor vehicle accident. Prior therapies included steroid injections, a Functional Capacity Evaluation, physical therapy, chiropractic care, topical medications, and extra corporeal shockwave therapy. The medications were not provided for review. The diagnostic studies were noted to include an EMG/NCV, an x-ray of the left shoulder, and an MRI of the left shoulder. The documentation of 02/14/2014 revealed the injured worker's pain was getting worse and the injured worker was noted to have more complaints of headaches, depression, neck pain, back pain, upper and lower extremity pain, and bilateral shoulder symptoms. The injured worker had restricted range of motion and the provocative testing was positive. The diagnoses included left shoulder impingement and tendonitis and adhesive capsulitis. The treatment plan included the physician opined the injured worker was a candidate for left shoulder surgery. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months, plus the existence of a surgical lesion, a failure to increase range of motion and strength of musculature around the shoulder even after exercise programs and 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 failed to support the necessity for surgical intervention. There was no MRI submitted for review. There was a lack of documentation indicating the duration and type of conservative care that was provided. Given the above, the request for left shoulder arthroscopy is not medically necessary.

Assistant Surgeon: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported. There was a lack of documentation indicating the specific procedure that was being requested.