

Case Number:	CM14-0090112		
Date Assigned:	07/23/2014	Date of Injury:	03/02/2012
Decision Date:	10/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/17/2014

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 Mississippi. 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 records presented for review indicate that this 38-year-old gentleman was reportedly injured on March 2, 2012. The most recent progress note, dated May 22, 2014, indicates that there were ongoing complaints of left shoulder pain and low back pain radiating to the left lower extremity as well as symptoms of anxiety and depression. The physical examination demonstrated diffuse tenderness about the left shoulder and decreased range of motion. There was atrophy of the left deltoid. A lumbar spine examination was stated to be unchanged from prior. Diagnostic imaging studies of the left shoulder revealed tendinopathy of the supraspinatus tendon and flattening of the posterolateral humeral head consistent with a Hill Sachs lesion without evidence of labral tear. Previous treatment includes a lumbar decompression, physical therapy, activity modification, the use of a TENS unit, and home exercise. A request had been made for a left shoulder anterior Bankart reconstruction, anesthesia, and postop physical therapy three times a week for four weeks for the left shoulder and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Anterior Reconstruction Bankart Type: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for a Slap Lesions, Updated August 27, 2014.

Decision rationale: A Bankart repair is only indicated after there has been a torn labrum of the shoulder due to a dislocation. The MRI of the left shoulder does indicate a Hill Sachs lesion, but there is no evidence of a torn labrum. Considering this, this request for a Left Shoulder Anterior Reconstruction and Bankart Repair is not medically necessary.

Anesthesia: 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 Official Disability Guidelines (ODG) Shoulder, Surgery for a Slap Lesions, Updated August 27, 2014.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Op PT 3x4 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy, Updated August 22, 2014.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.