

Case Number:	CM13-0033395		
Date Assigned:	12/06/2013	Date of Injury:	07/01/2011
Decision Date:	05/01/2015	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 39-year-old female who reported an injury on 07/01/2011. The mechanism of injury involved a fall. The injured worker is diagnosed with industrial injury to the left shoulder and left knee. The only clinical documentation submitted for review is an orthopedic evaluation on 06/26/2013. The injured worker presented with complaints of tightness and throbbing pain in the left shoulder with associated tenderness and stiffness. Upon examination of the left shoulder, there was 155 degree forward flexion and abduction, 90 degree external rotation, internal rotation to S1, and 5/5 motor strength. There was tenderness at the subacromial bursa with positive Neer and Hawkins impingement sign. There was also positive O'Brien's test noted. Recommendations at that time included physical therapy for the left shoulder twice per week for 6 weeks. There was no Request for Authorization form 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 Diagnostic/Operative Arthroscopic Debridement with Acromioplasty Resection of Coracoacromial Ligament and Bursa as Indicated Possible Distal Clavicle Resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, there was no documentation of a recent physical examination. There were no imaging studies provided for review. There is no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. Given the above, the request is not medically appropriate.

Post-Operative Physical Therapy 12 Sessions: 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.

Associated Surgical Service: Medical Clearance: 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.

DVT Prophylaxis and Antibiotics - Levaquin 750mg #20 (peri-operative): 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.

Associated Surgical Service: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.