

Case Number:	CM14-0172094		
Date Assigned:	11/25/2014	Date of Injury:	02/27/2004
Decision Date:	01/16/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Minnesota. 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 60 year old female injured worker suffered an industrial accident on 9/18/2004. The details and the mechanism of the injury were not documented in the medical records provided. At the 9/4/2014 provider visit, she complained of low back pain, vertigo, and intractable pain in the right shoulder with stiffness and weakness. She stated the physical therapy and injections were not effective. Upon examination of the shoulder there was increased pain with range of motion, limitation of flexion to 100 degrees and abduction to 90 degrees. Impingement signs were present. It was noted the injured worker had undergone a Magnetic Resonance Imaging on 5/7/2014 with abnormal findings but the actual findings or the MRI report were not included in the medical records provided. The physician's request for authorization included right shoulder arthroscopy, subacromial decompression, possible rotator cuff repair, and distal clavicle resection. The request was non-certified by Utilization Review due to the lack of documentation pertaining to results of the Magnetic Resonance Imaging. As a result, the remainder of the requests was also denied as they were contingent on the shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder arthroscopy with subacromial decompression, distal clavicle resection and possible repair of the rotator cuff: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Indications for surgery - Acromioplasty; Rotator Cuff Repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210 and 211.

Decision rationale: California MTUS guidelines indicate surgical considerations in the presence of clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term from surgical repair. Evidence of the presence of a surgical lesion is necessary to determine medical necessity for the requested procedures. In the absence of documentation pertaining to the MRI scan such medical necessity cannot be determined. Therefore the procedure as requested is not medically necessary.

Associated surgical service: CPM machine/kit x 4 week rental: 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: Cold Therapy unit x 4 week rental: 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: Sling: 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: Home exercise kit: 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: VenaPro pneumatic compression device & supplies: 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: Pre-operative medical clearance /history and physical/EKG/chest X-ray/laboratory work up: 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: Post-operative physical therapy 2x/4 (right shoulder): 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.