

Case Number:	CM14-0180892		
Date Assigned:	11/07/2014	Date of Injury:	02/17/2012
Decision Date:	01/30/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 New York. 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 patient is a 53-year-old female with date of injury of February 17, 2012. The patient had electrodiagnostic studies performed in 2013 that were normal. MRI of the left shoulder from July 26, 2014 showed mild rotator cuff tendinopathy but no rotator cuff tear was identified. The patient continues to complain of left shoulder pain. The patient has had injections, physical therapy and acupuncture. On physical examination range of motion of the left shoulder is 150 with elevation and 80 of internal rotation and 80 of external rotation. There is tenderness to the deltoid muscle. There is a positive Neer and Hawkins sign. Rotator cuff strength is 4-5. X-ray show mild a.c. arthritis. At issue is whether shoulder surgeries medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder distal clavicle excision and rotator cuff repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines (ODG) Surgery for rotator cuff repair, Shoulder Chapter and partial claviclectomy

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

Decision rationale: This patient does not meet established criteria for shoulder surgery at this time. Specifically, the patient's most recent MRI from July 2014 does not show evidence of

rotator cuff tear. In addition, the patient did not have a.c. joint injection to determine if distal clavicle excision is medically necessary. In addition is only mild evidence of a.c. joint arthritis. Shoulder surgery is not medically necessary at this time. Physical examination does not demonstrate significant loss of motion. Imaging studies do not document significant rotator cuff tear. The MTUS criterion for shoulder surgery was not met and the case is considered as not medically necessary.

Associated Surgical Service: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons and The Milliman Care Guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: Cold therapy unit rental for 7 days: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: Post-operative physical therapy to the left shoulder, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: Sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associated Surgical Service: Medical evaluation for clearance to include labs (CBC, Chem 7, Urinalysis) and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation e-medicine.com

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.