

Case Number:	CM14-0186793		
Date Assigned:	11/14/2014	Date of Injury:	04/10/2014
Decision Date:	02/11/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/07/2014

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, has a subspecialty in Board Certified Sports Medicine and is licensed to practice in California. 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 40-year-old male who reported an injury on 04/10/2014. The mechanism of injury was a motor vehicle accident. His diagnoses include cervical spondylosis, cervicgia, neck sprain, rotator cuff sprain, arthralgia, and pain in the joint involving the shoulder region. Past treatment was noted to include an injection, physical therapy, and medications to include NSAIDs. An unofficial MRI of the left shoulder, performed on 05/23/2014, noted mild tendinopathy of the lateral edge of the supraspinatus tendon and suspicious for tear at the posterior superior lip of the glenoid labrum. On 08/21/2014, it was noted the injured worker had full strength of his supraspinatus, infraspinatus, and subscapularis. On 09/18/2014, the injured worker had complaints of persistent left shoulder pain. The injured worker reported that the steroid injection "gave him very little relief." Upon physical examination, it was noted the injured worker had a positive O'Brien's and posterior jerk test. His active range of motion was painful, but he had full passive range of motion. Medications were not included in the report. The treatment plan was noted to include surgery and postoperative physical therapy. A request was received for Surgery: Left Shoulder Arthroscopy with Labral Repair and Open Bicep Tenodesis, Therapy: Post-op physical therapy 24 visits, 2 times a week for 12 weeks, left shoulder, Testing: Pre-op Labs: Renal Function Panel, CBC with Diff, PT,PTT, DME: Post-operative sling, Pre-op EKG, Medical clearance without a rationale. The Request for Authorization was signed 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Left Shoulder Arthroscopy with Labral Repair and Open Bicep Tenodesis:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Shoulder Procedure Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 309-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Diagnostic arthroscopy; Surgery for SLAP lesions; Biceps tenodesis.

Decision rationale: The request for Surgery: Left Shoulder Arthroscopy with Labral Repair and Open Bicep Tenodesis is not medically necessary. According to the California MTUS/ACOEM Guidelines, surgical considerations are indicated for those who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength, and clear clinical and imaging evidence of a lesion. More specifically, the Official Disability Guidelines state that diagnostic arthroscopy is recommended when imaging is conclusive and the injured worker continues to have pain or functional limitation despite conservative care. The guidelines indicate the criteria for surgery for SLAP lesions is after 3 months of conservative treatment to include NSAIDs and physical therapy, history and physical examination, as well as imaging indicate pathology and age under 50 years old. Finally, criteria for biceps tenodesis is after 3 months of conservative treatment to include physical therapy and NSAIDs, undergoing concomitant rotator cuff repair, history and physical examination, as well as imaging indicate pathology, and over the age of 40. The clinical documentation submitted for review did not indicate this injured worker was over 40 or was undergoing a rotator cuff repair. However, it was indicated the injured worker had inconclusive imaging studies, as there was suspicion for a tear at the posterior superior lip of the glenoid labrum. It was also indicated the injured worker was 40 years old, had not failed previous conservative treatments to include NSAIDs and physical therapy, and had history and physical examinations indicative of pathology. As such, the request for Surgery: Left Shoulder Arthroscopy with Labral Repair and Open Bicep Tenodesis is not medically necessary.

Therapy: Post-op physical therapy 24 visits, 2 times a week for 12 weeks, 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 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.

Testing: Pre-op Labs: Renal Function Panel, CBC with Diff, PT, PTT: 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.

DME: Post-operative 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.

Pre-op EKG: 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

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