

Case Number:	CM14-0186860		
Date Assigned:	11/17/2014	Date of Injury:	10/10/2012
Decision Date:	01/20/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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 injured worker is a 35 year old female with a history of industrial trauma on 10/10/2012. She was sitting on a box taking inventory when a stack of boxes about 6-7 feet high shifted and a box landed on her head. Since that time she has a chronic widespread pain syndrome. Her diagnoses include head trauma, neck pain, bilateral shoulder pain, impingement syndrome, possible carpal tunnel syndrome, ganglion cyst, left wrist, low back pain, chondromalacia patellae, and diabetes. She underwent an MRI scan of the left shoulder which revealed a type II acromion, proliferative changes of the acromioclavicular joint impinging on the supraspinatus tendon but no rotator cuff tear. The disputed issues include a request for arthroscopy of the left shoulder with subacromial decompression, bursectomy, assistant surgeon, medical clearance, prescriptions for Keflex and Norco, and post-operative physical therapy. The request was non-certified by Utilization Review for lack of a recent documented non-operative treatment program per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with Subacromial Decompression (SAD) and Bursectomy:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209, 210, 211, 212, 213, 214.

Decision rationale: The California MTUS ACOEM Practice Guidelines recommend surgical considerations when there is a clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short term and long term from surgical repair. The documentation does not indicate diagnostic Lidocaine injections to distinguish pain sources in the shoulder area, for example impingement. She has a chronic widespread pain syndrome akin to fibromyalgia. There has not been a recent documented trial of 3-6 months of conservative treatment with physical therapy, strengthening exercises, and corticosteroid injections. The guidelines recommend 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Documentation of such a trial with failure is necessary per guidelines before surgical consideration. Based on the above guideline requirements, the request for arthroscopy of the shoulder with subacromial decompression and bursectomy is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-214.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-214.

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

Keflex 500mg Capsules QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/antibiotics.html

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-214.

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

Norco 10mg/325mg Tablets QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-214.

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

Post Operative Physical Therapy Left Shoulder QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-214.

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