MAXIMUS Federal Services

Case Number:	CM14-0190333		
Date Assigned:	11/21/2014	Date of Injury:	01/30/2011
Decision Date:	01/30/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 Ohio. 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 63-year-old female who reported an injury on 01/30/2011. The mechanism of injury was not specified. Her diagnoses include right shoulder rotator cuff tear. The diagnostic studies include an MRI of the right shoulder performed on 08/21/2014, which revealed a full thickness tear of the rotator cuff with evidence of a ganglion involving the anterior portion of the infraspinatus tendon as well as mild atrophy. On 10/07/2014, the injured worker presented with ongoing right shoulder pain. There was also evidence of moderate effusion within the subacromial bursa. The surgical history and current medications were not provided within the documentation. The objective findings revealed decreased range of motion in the right shoulder, marked tenderness over the subacromial bursa and rotator cuff, and pain with abduction resistance. She was also noted to have 2+ crepitus. The treatment plan included a recommendation for a right shoulder arthroscopy with subacromial decompression, debridement, and rotator cuff repair. The provider also recommended that the injured worker have a 23 hour overnight stay following the shoulder surgery due to her history of moderate sleep apnea. A Supplemental Report from the injured worker's provider, dated 11/11/2014, indicated the use of anesthesia will require clearance from a pulmonologist relative to the injured worker's sleep apnea. The letter also states that without the surgery, the injured worker would be permanently partially disabled with work restrictions. A request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Overnight stay x 23 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Hospital Length of Stay

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Hospital Length of Stay (LOS)

Decision rationale: The Official Disability Guidelines recommend an outpatient surgical repair of the rotator cuff. The injured worker was recommended and authorized for a right shoulder arthroscopy with subacromial decompression, debridement, and rotator cuff repair. However, an inpatient hospital stay is not indicated for this surgical procedure. Moreover, there was a lack of documentation to significantly demonstrate the necessity of services beyond the guideline recommendation. Therefore, the request is not supported by the evidence based guidelines. As such, the request for associated surgical service: overnight stay x 23 hours is not medically necessary.