

Case Number:	CM14-0194791		
Date Assigned:	12/02/2014	Date of Injury:	09/19/2011
Decision Date:	01/20/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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 34-year-old who sustained a date of injury of September 9, 2011. The patient had and object fall in the left shoulder. The patient has chronic left shoulder pain. Previous treatment included physical therapy and acupuncture. The patient had a home exercise program. The patient uses heat and ice therapy for pain. The patient had chiropractic care and transcutaneous nerve stimulation. The patient also had a.c. joint injection with temporary relief. He/she is also takes narcotics for pain. An MRI of the left shoulder shows a.c. joint arthritis with normal rotator cuff. On physical examination the patient is decreased range of left shoulder motion. There is positive O'Brien test. At issue is whether additional treatment modalities are medically necessary. The patient is diagnosed with a.c. joint arthritis. Surgery for the shoulder has been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Preoperative X-Ray for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, (updated 08/27/2014) Radiography, Indications for Imaging- Plain Radiographs

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

Decision rationale: This patient does not meet documented criteria for shoulder surgery. Specifically there is no clear diagnosis on physical examination as correlated with MRI imaging studies. Shoulder surgery is not medically necessary based on my review the medical records. Since surgery is not needed, then preoperative modalities are not needed.

Associated surgical service: Game Ready rental for 14 days for the Left Shoulder: 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, (updated 08/27/2014) Cold Compression Therapy and Continuous- Flow Cryotherapy

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

Decision rationale: This patient does not meet documented criteria for shoulder surgery. Specifically there is no clear diagnosis on physical examination as correlated with MRI imaging studies. Shoulder surgery is not medically necessary based on my review the medical records. Since surgery is not needed, then preoperative modalities are not needed.

Associated surgical service: Preoperative Laboratory Test to include CBC (Complete Blood Count) and Chem 7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 10/28/2014), Preoperative Lab Testing, Criteria for Preoperative Lab Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter, ODG shoulder pain chapter

Decision rationale: This patient does not meet documented criteria for shoulder surgery. Specifically there is no clear diagnosis on physical examination as correlated with MRI imaging studies. Shoulder surgery is not medically necessary based on my review of the medical records. Since surgery is not needed, then preoperative modalities are not needed.

Associated surgical service: Preoperative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 10/28/2014), Preoperative Electrocardiogram (ECG), Criteria for Electrocardiogram (ECG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

Decision rationale: This patient does not meet documented criteria for shoulder surgery. Specifically there is no clear diagnosis on physical examination as correlated with MRI imaging studies. Shoulder surgery is not medically necessary based on my review the medical records. Since surgery is not needed, then preoperative modalities are not needed.