

Case Number:	CM14-0198324		
Date Assigned:	12/08/2014	Date of Injury:	06/01/2011
Decision Date:	01/20/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This 69 year old female sustained a work related injury on 6/1/2011. According to the Utilization Review, the mechanism of injury was reported to be injury from stumbling backwards and falling over a bicycle. The current diagnoses are massive right rotator cuff tear, severe degenerative arthritis of the right AC joint, and status post total knee replacement. According to the progress report dated 10/20/2014, the injured workers chief complaints was her right shoulder, which is known to have a significant rotator cuff tear and severe DJD in the AC joint. The physical examination of the right shoulder revealed tenderness over the AC joint and anteriorly. There is a nodule overlying the AC joint, which is tender to palpation. Abduction is 140 degrees and weak. The medication list was not specified in the progress report. On this date, the treating physician prescribed assistant for proposed surgery, which is now under review. In addition to assistant for proposed surgery, the treatment plan included right shoulder arthroscopy, post-operative physical therapy, cold therapy unit, and pre-operative clearance. Prior treatments included shoulder injections, physical therapy, and home exercise program. When surgery was first prescribed work status was no described. On 11/11/2014, Utilization Review had non-certified a prescription for assistant for proposed surgery. The assistant for proposed surgery was non-certified based on this surgery commonly being done without assistance, as it is an arthroscopic procedure with little need for a physical assistant. The California MTUS ACOEM Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant for the Proposed Surgery: 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), Low Back, Surgical Assistant

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 209-211.

Decision rationale: This 69 year old female has complained of right shoulder pain since date of injury 6/1/11. She has been treated with physical therapy and medications. The current request is for an assistant for proposed arthroscopic surgery. There is no documentation in the available medical records indicating why an assistant is needed for the proposed surgery that is commonly done without an assistant. On the basis of the above guidelines and available medical documentation, assistant for proposed surgery is not indicated as medically necessary.