

<b>Case Number:</b>	CM14-0198820		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery, and is licensed to practice in Illinois. 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 64-year-old male who reported an injury while attempting to catch a falling case of soda on 01/18/2014. On 06/10/2014, his diagnoses included left shoulder periscapular sprain/strain, impingement, mild acromioclavicular joint degenerative changes and rule out rotator cuff tear. On 08/13/2014, an ultrasound examination of the left shoulder revealed a large full thickness rotator cuff tear of the supraspinatus and infraspinatus with left chronic long head biceps tendon tear/retracted to the muscle belly, left glenohumeral joint effusion/labral tear, anterior and posterior/paralabral cyst may be compromising the suprascapular nerve. The submitted documentation confirmed that this injured worker had failed conservative treatment including acupuncture, chiropractic treatment, medications and shoulder injections. On 10/09/2014, the orthopedic report submitted noted that it was appropriate to proceed with shoulder surgery. In a progress note dated 12/04/2014, it was noted that left shoulder surgery was authorized and the injured worker was going to schedule the surgery with the orthopedic surgeon. There was no documentation beyond the date of 12/04/2014. Although, the surgery was authorized, there was no documentation submitted that the surgery had yet taken place. There was no request for authorization including in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total shoulder arthroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th edition, Shoulder arthroplasty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** The request for left total shoulder arthroscopy is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation may be indicated for patients who have red flag conditions including acute rotator cuff tears in young workers or glenohumeral joint dislocation. Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. It was noted in the submitted documentation that this injured worker had met the criteria for shoulder surgery and that the surgery had been approved. There was no rationale submitted for a second request for shoulder surgery. Therefore, this request for left total shoulder arthroscopy is not medically necessary.

**Assistant surgeon:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**12 post op physical therapy sessions:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Cold therapy unit:** 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), Shoulder chapter, Cold/heat packs

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Shoulder 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Pain pump:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**CPM machine, 21 days:** 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), Shoulder chapter, Continuous passive motion (CPM)

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-95.

**Decision rationale:** The request for urine toxicology screening is not medically necessary. The California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction or poor pain control. It was not documented that this injured worker had aberrant drug related behaviors. Additionally, the request did not specify the medications to be included in the screening. Therefore, this request for urine toxicology screening is not medically necessary.