MAXIMUS Federal Services

Case Number:	CM14-0204480		
Date Assigned:	12/16/2014	Date of Injury:	01/08/2014
Decision Date:	02/09/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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, has a subspecialty in Sport Medicine and is licensed to practice in California. 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 39-year-old male smoker who reported injury due to heavy lifting on 01/08/2014. On 07/21/2014, his diagnoses included displacement of thoracic intervertebral disc without myelopathy, lumbago, and sacroiliac ligament sprain. His complaints include ongoing low and mid back pain which was daily and constant, described as severe, sharp, shooting, and disabling. His pain interfered with his sleep. His pain is worsened with activity and he was unable to lift even light to medium weighted objects. It was noted that he had numerous other injuries, primarily to his shoulders and knees, which had been previously addressed and from which he was fully recovered. He was noted to be in no acute distress. There was tenderness to palpation in the lower thoracic spine diffusely. He was also tender over the sacroiliac joints. He had a positive Fortin's finger test bilaterally, and had some pain with Patrick's, Gaenslen's, and fabere's tests. A discussion of a lumbar MRI reportedly showed no obvious disc herniations or evidence of instability. There was no discussion of shoulder pathology in any of the submitted documentation. There were no original diagnostic imaging or electrophysiologic studies submitted for review. There was no rationale or Request for Authorization included 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:

1 day inpatient complete blood count with differential, Comprehensive Metabolic Panel (CMP), Prothrombin Time (PT), Partial Thromboplastin Time (PTT): 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)- Preoperative lab testing

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.

Right shoulder joint fusion: 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)- Hip and Pelvis, Sacroilliac Joint Fusion

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

Decision rationale: The request for Decision for Right shoulder joint fusion 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 tear in a young worker, glenohumeral joint dislocation, etcetera. There must also be activity limitation for more than 4 months, plus existence of a surgical lesion. There must be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There was no evidence submitted of any shoulder pathology requiring surgery. The need for a right shoulder joint fusion was not clearly demonstrated in the submitted documentation. Therefore, this request for Decision for Right shoulder joint fusion is not medically necessary.