

Case Number:	CM14-0206981		
Date Assigned:	12/18/2014	Date of Injury:	12/05/2012
Decision Date:	02/06/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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 48-year-old male with a date of injury of December 5, 2012. The patient injured his lower back and his shoulder. He currently takes narcotics and naproxen. MRI the right shoulder from 2013 shows tendinitis of the infraspinatus tendon with probable intrasubstance tear. The patient continues to have shoulder pain. On physical examination is a full range of motion of the right shoulder with a positive impingement sign and no a.c. joint tenderness. The patient had an injection that provided short term relief. At issue is whether surgical treatment other associated modalities are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Electrocardiography: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Laboratory Exam: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Right Shoulder Arthroscopic Debridement Subacromial Decompression and Acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Practice Guidelines, Chapter 9, Shoulder pain, pages 210-211.

Decision rationale: The medical records do not document that this patient needs criteria for shoulder surgery. Specifically, there is no documentation a recent trial and failure of physical therapy. There are no red flag indicators for shoulder surgery such as complete rotator cuff tear or severe loss of motion. More conservative measures are needed for the treatment chronic shoulder pain. Since surgery is not medically necessary then all other associated preoperative items are not needed.

8 Post-Operative Occupational 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.