

Case Number:	CM15-0000185		
Date Assigned:	01/09/2015	Date of Injury:	03/18/2008
Decision Date:	03/17/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

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 injured worker is a 56 year old female, who sustained an industrial injury pushing 20# piece of meat into a tub on 03/18/2008. She was diagnosed with cervical spine degenerative disc disease and right shoulder rotator cuff tear, secondary to impingement and labral tear. The documentation provided stated that the injured worker failed non-surgical treatments. The documentation provided did not detail those treatments. PR2 on 11/20/2014 noted complaints of pain to the right shoulder and the cervical spine. She had positive Hawkins and Neers tests and weakness in abduction and external rotation as well as positive impingement signs. She had a normal range of motion of her neck. Range of motion is not described for the shoulder. Results of a diagnostic injection are not described. MR arthrogram of 11/14/2014 described a sub centimeter mild to moderate grade partial thickness bursal surface tear of the anterior supraspinatus fibers. No abnormal communication between the glenohumeral and subacromial subdeltoid bursas was noted. The treating physician requested right shoulder subacromial decompression, rotator cuff repair, and labral repair as indicated with associated requested screening and post-operative treatments due to positive accepted industrial injury, positive physical examination, positive magnetic resonance imaging, failed non-surgical treatment, and the injured worker would not improve without the requested surgical procedure. On 12/04/2014, Utilization Review non-certified the prescriptions for right shoulder diagnostic arthroscopy, subacromial decompression, and tissue repair labrum or rotator cuff if indicated and able; pre-operative clearance, labs, electrocardiogram, chest x-ray, right shoulder x-ray; post-operative shoulder sling with abduction pillow and pain pump (all purchase); cold unit (seven

day rental); and post-surgical physical therapy two time four, noting the California MTUS, ACOEM Chapter 9, Second Edition, pages 210-211; Official Disability Guidelines, Shoulder; CA MTUS, Post-operative Guidelines; Wheelless Online; AJSM, OKU, #9; ACC/AHA, 2007 Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder diagnostic arthroplasty, subacromial decompression and tissue repair tabrum or rotator cuff if indicated and able: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Shoulder Chapter-Surgery Rotator cuff repair, criteria for partial thickness tears.

Decision rationale: ODG guidelines note that 80% of cases with partial thickness tears have been reported to improve without surgery. Surgical repair on the rotator cuff is not recommended for patients with mild symptoms and is reserved for those with significant weakness on arm elevation and rotation. Documentation is not furnished about the details of her exercise program or the medical management of her pain. Surgery for impingement is not recommended for those without limitations of activities or mild symptoms. No details of response to diagnostic injection are given, atrophy is not described or tenderness over the anterior acromial area to indicate subacromial decompression is necessary. The MRI report did not describe a labral tear. Thus sufficient evidence to validate the requested operations is not given.

Associated surgical service: pre-op clearance, labs, EKG, chest x-ray, right shoulder x-ray: 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.

Associated surgical service: post op shoulder sling with abduction pillow, pain pump (all purchase): 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.

Associated surgical service: cold unit (7 day rental): 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.

Associated surgical service: post op physical therapy 2 x 4: 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.