MAXIMUS Federal Services

Case Number:	CM15-0002721		
Date Assigned:	01/13/2015	Date of Injury:	06/04/2013
Decision Date:	03/16/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/06/2015

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: California
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 55-year-old male who reported an injury on 06/04/2013. The mechanism of injury was not submitted for review. The injured worker's diagnosis was status post left knee ACL repair, status post right knee shoulder rotator cuff repair, left shoulder rotator cuff repair, cervical spondylosis, right knee meniscus tear, and right hand pain. Past medical treatment consisted of surgery, therapy, temporary alternate work duties, and medication therapy. Medications included aspirin 81 mg, losartan, atenolol, allopurinol, sertraline HCl, and hydrocodone/acetaminophen. No diagnostics were submitted for review. On 11/26/2014, the injured worker complained of left shoulder pain. He informed the provider that he wanted to do cervical spine surgery before left shoulder surgery. Physical examination noted that the injured worker was tender in the cervical spine. Range of motion was somewhat limited. Spurling's was slightly positive down the left arm. There was bilateral shoulder discomfort. Range of motion was fairly full bilaterally. The injured worker actually had more motion on the left than the right. The medical treatment plan was for the injured worker to undergo cervical spine surgery and left shoulder surgery. The provider would also like the injured worker to continue with medication therapy. A rationale was not submitted for review. The Request for Authorization form was submitted on 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder scope, ASAD, ARTCR, ADCR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Surgery for rotator cuff repair; Partial claviculectomy (mumford procedure)

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

Decision rationale: The request for left shoulder scope, ASAD, ARTCR, ADCR is not medically necessary. The California MTUS/ACOEM Guidelines state for surgical considerations, there should be indications of red flag conditions to include acute rotator cuff tear and/or glenohumeral joint dislocation; activity limitations for more than 4 months; failure to increase range of motion and strength of the musculature around the shoulder, even after exercise; and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations in particular is very important. It was documented in a progress note dated 11/24/2014 that the injured worker had pain in the left shoulder. However, there were no pain levels documented indicating what the injured worker's pain was via VAS. Additionally, there was no evidence of red flag conditions, no was there any indication of activity limitations for more than 4 months. Furthermore, it was noted on physical examination that the injured worker had range of motion fairly full bilaterally. There were no imaging studies confirming a rotator cuff tear, nor was there any indication of the injured worker having undergone counseling regarding the outcomes of the surgery. Given the above, the injured worker is not within the California MTUS/ACOEM recommended guideline criteria. As such, the request is not medically necessary.

Post-operative physical therapy 2x8 weeks for the left shoulder: 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, page 27

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.