

Case Number:	CM15-0005185		
Date Assigned:	01/26/2015	Date of Injury:	04/30/2014
Decision Date:	04/02/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/09/2015

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 43 year old male on April 30, 2014 reported left shoulder pain, after moving a large locker which started to fall and he tried to grab it with his left arm. His diagnoses have included shoulder pain, dislocation of the shoulder, and adhesive capsulitis. Treatment to date has included medications, gleno-humeral injection, radiological imaging, and physical therapy for six months, and two cortisone injections. Currently, the IW complains of left shoulder pain. Range of motion of the left arm is noted as forward flexion 150 degrees, external rotation 20 degrees. Physical findings also note a positive O'Brien sign, positive apprehension and Jobe's relocation sign. On June 13, 2014, x-rays of the lumbar spine reveal disc desiccation and diffuse bulging. On January 7, 2015, Utilization Review non-certified left shoulder arthroscopy, and smart sling abduction pillow and game ready and post-operative physical therapy, two times weekly for twelve weeks, quantity #24 sessions, for the left shoulder, based on ODG guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of left shoulder arthroscopy, and smart sling abduction pillow and game ready, and post-operative physical therapy, two times weekly for twelve weeks, quantity #24 sessions, for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery for shoulder dislocation.

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: SLAP lesion repairs, diagnostic arthroscopy.

Decision rationale: According to ODG guidelines a SLAP type one lesion does not require surgery. The provider in the rationale for surgery was citing a personal interpretation of the imaging. But even if present surgery would not be recommended. The ODG guidelines for diagnostic arthroscopy recommend it if the imaging is inconclusive. Documentation does not provide evidence this is the case. Moreover, on physical examination there is no tenderness described over the AC joint. ODG guidelines recommend surgery if the arthrosis at the AC joint is severe. Documentation states it is moderate. The ODG guidelines also provide criteria for consideration of surgery for shoulder dislocation. First is a history of recurrent dislocations. The documentation does not provide this evidence. Thus, the requested treatment left shoulder arthroscopy is not medically necessary and appropriate.

Smart sling abduction pillow and game ready: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery for shoulder dislocation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment left shoulder arthroscopy is not medically necessary and appropriate, then the requested treatment: Smart sling abduction pillow and game ready is not medically necessary and appropriate.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative physical therapy (2x12) 24 sessions for 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, Shoulder, Surgery for shoulder dislocation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment left shoulder arthroscopy. is not medically necessary and appropriate, then the requested treatment: Post-operative physical therapy(2X12) 24 sessions for left shoulder is not medically necessary and appropriate.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.