

Case Number:	CM15-0007291		
Date Assigned:	02/25/2015	Date of Injury:	10/19/2012
Decision Date:	05/08/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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 41-year-old male who reported an injury on 10/19/2012. The mechanism of injury was the injured worker's drill jerked while in his hand causing immediate pain in the right upper extremity. The injured worker underwent an x-ray of the right shoulder on 05/16/2014, which revealed mild acromioclavicular degenerative joint disease and no acute changes. The injured worker was noted to undergo an MRI of the right shoulder which revealed a full thickness tear of the supraspinatus tendon, subscapularis tendinosis, minimal subacromial and subscapularis bursitis, osteoarthropathy of the acromioclavicular joint and subchondral cyst/erosion at the lateral aspect of the humeral head. There was a request for authorization submitted dated 10/15/2014. The documentation of 10/15/2014 revealed the injured worker had complaints of pain in the right shoulder and bilateral hands. The injured worker indicated there had been increased pain in the right shoulder for the past few days. The injured worker was requested to have physical therapy for the right shoulder. The pain was 7/10 on the pain scale. There was limited range of motion. The medications included benazepril, Ambien and ibuprofen. The physical examination of the right shoulder revealed tenderness to palpation of the subacromial bursa and supraspinatus tendon. There was pain with range of motion. Joint was noted to be stable and was noted to track well with range of motion. There was no instability on manipulation or weight bearing. The Neer's and Hawkins test were positive. The injured worker had 4/5 strength in the biceps and deltoid. The diagnoses included right shoulder supraspinatus full thickness tear, right shoulder impingement, right shoulder bursitis, right shoulder subscapularis tendinosis, right shoulder AC joint arthrosis, bilateral wrist carpal tunnel

syndrome. The treatment plan included a right shoulder rotator cuff repair, subacromial decompression and distal clavicle resection. The treatment plan included weight bearing as tolerated, a right shoulder sling, and medications, including Norco 5/325 mg 1 to 2 by mouth every 4 hours as needed pain, Keflex by mouth 4 times a day, Ambien 10 mg at bedtime, and Zofran 4 mg twice a day as needed for nausea. Additionally, the request was made for cold compression therapy postoperatively and preoperative laboratory studies as well as a preoperative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Surgery - Subacromial Decompression, Resection of the Distal Clavicle on undersurface, possible removal of the Coracoacromial Ligament and Debridement of the Bursa: 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, Surgery for Impingement Syndrome; ODG, Indications for Surgery - Acromioplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 210-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength of musculature around the shoulder even after exercise program, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both long and short term from surgical repair. The clinical documentation submitted for review failed to indicate the injured worker had a failure to increase range of motion and strength of musculature, however the injured worker was noted to undergo an MRI which revealed a full thickness tear. However, the official MRI was not provided for review. As such, the surgical intervention could not be supported. Given the above, the request for Right Shoulder Surgery - Subacromial Decompression, Resection of the Distal Clavicle on its undersurface, possible removal of the Coracoacromial Ligament if its rubbing and Debridement of the Bursa is not medically necessary.

Pre-Operative Clearance Evaluation: 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 Clearance: Chest X-ray, EKG, Pulmonary Function Test: 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.

Post-Operative Abduction Pillow: 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.

Post-Operative Brace: 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.

Post-Operative Continuous Ice Machine: 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 Clearance: Labs: CBC, Chem 12, PT, PTT, A1C, and UA: 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.

Post-Operative Continuous Passive Motion (CPM) Machine: 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.

Intraoperative Compressions Pump and Stockings: 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.

Post-Operative Physiotherapy (12-sessions, 3-times a week for 4 weeks): 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: Follow-up in one month: 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.