

Case Number:	CM15-0104772		
Date Assigned:	06/09/2015	Date of Injury:	02/26/2008
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 sustained an industrial injury on 2/26/2008. He reported injury from a fall from a roof. The injured worker was diagnosed as having left shoulder impingement with 2 prior left shoulder surgeries. Left shoulder magnetic resonance arthrogram showed small labral tears, mild tendinopathy, degenerative joint disease and capsular hypertrophy. Treatment to date has included surgery, aqua therapy, physical therapy, injections, home exercise, cognitive behavior therapy, gym membership and medication management. In a progress note dated 4/27/2015, the injured worker complains of left shoulder pain. Physical examination showed left shoulder tenderness with limited range of motion. The treating physician is requesting left shoulder arthroscopy, preoperative labs and electrocardiogram, Remedy sling, 90 days postoperative visit and 12 postoperative physical therapy visits.

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 (ODG), Diagnostic arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Impingement and other surgeries.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding surgery for impingement syndrome, the ODG notes: Recommended as indicated below. Surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. In this case, however, it is not clear what the shoulder surgery is for. The request is only for arthroscopy, without specific procedures. Without precise clinical information, or objective signs of orthopedic correctable damage, the surgery is not supported. Therefore, the requested treatment is not medically necessary.

Preoperative labs and EKG: 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), Preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, various surgical procedures.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG, Shoulder section, under Surgery, was reviewed. This claimant was injured in 2008 in a fall from a roof. There have been two prior failed left shoulder surgeries. There has been extensive conservative and rehabilitative therapies in addition to the failed surgeries. There is still tenderness and range of motion surgeries. The precise surgical pathology in the shoulder is not defined. The surgery itself was not certified in a separate review; therefore, these ancillary pre-operative and post operative surgery related measures are not certified. Therefore, the requested treatment is not medically necessary.

Associated surgical service: Remedy Sling: 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), Postoperative abduction pillow sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder section, Surgery.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG, Shoulder section, under Surgery, was reviewed. This claimant was injured in 2008 in a fall from a roof. There have been two prior failed left shoulder surgeries. There has been extensive conservative and rehabilitative therapies in addition to the failed surgeries. There is still tenderness and range of motion surgeries. The precise surgical pathology in the shoulder is not defined. The surgery itself was not certified in a separate review; therefore, these ancillary pre-operative and post operative surgery related measures are not certified. Therefore, the requested treatment is not medically necessary.

90 days postoperative visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder section, Surgery.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG, Shoulder section, under Surgery, was reviewed. This claimant was injured in 2008 in a fall from a roof. There have been two prior failed left shoulder surgeries. There has been extensive conservative and rehabilitative therapies in addition to the failed surgeries. There is still tenderness and range of motion surgeries. The precise surgical pathology in the shoulder is not defined. The surgery itself was not certified in a separate review; therefore, these ancillary pre-operative and post operative surgery related measures are not certified. Therefore, the requested treatment is not medically necessary.

Associated surgical service: Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder section, Surgery.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG, Shoulder section, under Surgery, was reviewed. This claimant was injured in 2008 in a fall from a roof. There have been two prior failed left shoulder surgeries.

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