

Case Number:	CM15-0109544		
Date Assigned:	06/16/2015	Date of Injury:	08/15/2014
Decision Date:	08/31/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 49 year old female who sustained an industrial injury on 8/15/14 the result of reaching with her right arm while bent at the waist. She currently complains of increased pain in the right shoulder with weakness. She also complains of mid back pain that radiates to the flank area with numbness, tingling and weakness. On physical exam there is pain on palpation over the anterior aspect of the shoulder; palpation of the lumbar spine reveals tenderness and spasms. Medications are Tramadol, Flexeril, and ibuprofen. Diagnoses include discogenic thoracic pain with large bridging osteophytes; cervical spine multilevel degenerative disc disease; evidence of rotator cuff tear right shoulder; disc herniation thoracic spine. Treatments to date include physical therapy which is effective; medications. Diagnostics include x-rays of the thoracic spine (no date) noting osteophytes indicating discogenic etiology; x-ray of the cervical spine (no date) showing multilevel degenerative disc disease; x-rays of the right shoulder and humerus show spurring; x-ray of the lumbar spine and thoracic spine show mild soft tissue swelling; MRI of the thoracic spine (4/1/15) unremarkable; MRI of the right shoulder (4/1/15) showing tendinosis and mild degenerative changes. On 5/13/15 the treating provider requested diagnostic operative arthroscopy of the right shoulder with partial articular sided tendon avulsion repair; acromioplasty; possible Mumford procedure; possible biceps tendon tenodesis; post-operative physical therapy 3X4 for the right shoulder; associated surgical services including pain pump for right shoulder, cold therapy unit, shoulder sling all for purchase and interferential unit for right shoulder for 30 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic operative arthroscopy of right shoulder with PASTA repair; Acromioplasty; possible mumford procedure; possible biceps tendon tenodesis: 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 Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case, the MRI does not reveal a rotator cuff tear amenable to repair with predictable improvement. Based on this, the request is not medically necessary.

Post-op physical therapy 3 x 4 for the right shoulder: 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: Purchase of pain pump for right shoulder: 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: Purchase of cold therapy unit for right shoulder: 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: Purchase of shoulder sling for right shoulder: 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: IF unit for the right shoulder x 30 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.