

Case Number:	CM15-0012519		
Date Assigned:	02/09/2015	Date of Injury:	02/11/2014
Decision Date:	04/02/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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 45-year-old male who reported an injury on 02/11/2014. The injured worker underwent an MRI of the right shoulder on 04/09/2014. The mechanism of injury was a fall from a truck. The MRI revealed the injured worker had hypertrophic and degenerative changes of the right acromioclavicular joint with slight mass effect and narrowing the acromiohumeral joint space, likely contributing to impingement for which clinical correlation is recommended. There was tendinosis of the distal right supraspinatus tendon and minimal right shoulder joint effusion. The physical examination of 12/08/2014 revealed the injured worker had an injection at the prior visit and the injured worker had a favorable response to the injuries; however, it was an un-sustained response. The injured worker indicated the shoulder bothers him more when he finishes work. The physical examination revealed the injured worker had full passive range of motion and the impingement signs were positive. The shoulder was stable. The injured worker had pain in joint involving shoulder region and impingement syndrome of the shoulder region. The documentation indicated the injured worker clearly had shoulder impingement which failed conservative care. The request was made for a right shoulder arthroscopy with subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with SAD, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have red flag conditions or activity limitation for more than 4 months plus the existence of a surgical lesion with the failure to increase range of motion and strength of the musculature around the shoulder, even after an exercise program, 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. Additionally, for impingement syndrome, conservative care includes cortisone injections can be carried out for at least 3 to 6 months before considering surgery. The clinical documentation submitted for review failed to provide documentation of the conservative care. The physician documented that the injured worker had clearly failed conservative care; however, there was a lack of documentation of specific conservative care, including the duration, frequency, and specific type of conservative care. The injured worker had objective findings upon MRI and examination. Given the above, the request for arthroscopy with SAD right shoulder is not medically necessary.

Surgical assistant: 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-op labs: EKG: 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-op labs: CBC: 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: Sine the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op labs: BMP: 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: Sine the primary procedure is not medically necessary, none of the associated services are medically necessary.

Norco 5/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, the request as submitted failed to indicate the frequency for the requested medication. The duration of use could not established and there was a lack of documentation indicating if the request was for post-operative medication. Given the above, the request for Norco 5/325 mg #75 is not medically necessary.

12 sessions of initial post op physical therapy 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: Sine the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Purchase of sling: 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: Sine the primary procedure is not medically necessary, none of the associated services are medically necessary.