

Case Number:	CM15-0018354		
Date Assigned:	02/06/2015	Date of Injury:	01/31/2012
Decision Date:	05/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/30/2015

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 53-year-old male who reported an injury on 01/31/2012. The mechanism of injury was not specifically stated. The current diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, bilateral shoulder sprain, bilateral elbow medial epicondylitis, and insomnia. The injured worker presented on 12/19/2014 for a follow-up evaluation. Upon examination of the left shoulder, there was tenderness to palpation with positive impingement sign and decreased range of motion. Treatment recommendations at that time included continuation of the current medication regimen. It was noted that the injured worker was referred for a left shoulder surgery. A Request for Authorization form was submitted on 12/19/2014 for a left shoulder surgery as recommended by a separate physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Evaluation, Arthroscopic subacromial decompression, distal clavicle resection and rotator cuff debridement versus repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Shoulder Chapter, Surgery for Impingement Syndrome, Indication for Surgery - Acromioplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209 and 210.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, there was no documentation of a significant functional limitation upon examination. There was no mention of an exhaustion of conservative management. The specific type of left shoulder surgery being requested was not listed. There were no official imaging studies provided. Given the above, the request is not medically appropriate.

Pre-Op Medical Clearance: 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); Low Back - Lumbar & Thoracic (Acute & Chronic).

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-Op Rehabilitative Therapy (3-times a week for 4-weeks, for the left shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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-Op Cold Therapy (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter.

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-Op CPM (for 45-days): 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 Chapter, page 2010.

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-Op Surgi-Stim Unit (for 90-days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118.

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.