

Case Number:	CM15-0130055		
Date Assigned:	07/16/2015	Date of Injury:	05/14/2013
Decision Date:	08/13/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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 62 year old male who sustained an industrial injury on 5/14/13 in a reaching incident resulting in pain in his left elbow and shoulder. He currently complains of right shoulder pain. His pain level was 5/10. On physical examination of the right shoulder there was tenderness in the acromioclavicular joint, tenderness in the peniscapular muscles, tenderness in the rhomboids and subdeltoid bursa with positive Hawkins' shoulder crossover, Empty Can and Jobe's tests; left elbow revealed tenderness to palpation lateral epicondyle. Medications were Celebrex, Aspirin, nabumetone, omeprazole. Diagnoses include rotator cuff syndrome; rotator cuff disease; pain in the limb; right shoulder impingement; left lateral epicondylitis. Treatments to date include medications; acupuncture; physical therapy. Diagnoses include MRI of the right shoulder (2/14/14) showing findings consistent with impingement, partial tearing of the supraspinatus tendon, findings consistent with superior labrum anterior on posterior tear. On 5/22/15 the treating provider's plan of care included requests for right shoulder arthroscopy and debridement with possible rotator cuff repair and biceps tenodesis; post-operative physical therapy x 24 visits; surgical physician's assistant; cryotherapy rental unit x 1 week; bone anchors. The injured worker has had persistent pain over one year despite conservative modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1 Shoulder Sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 1 Cryotherapy Unit (1 week rental): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 Right Shoulder Scope with Debridement and Possible Rotator Cuff Repair and Biceps Tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

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 shows no evidence of full thickness rotator cuff tear to repair. Based on this the request is not medically necessary.

Associated surgical service: 1 Physician Assistant (during surgery): 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, Surgical Assistant.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.