

Case Number:	CM15-0135284		
Date Assigned:	07/29/2015	Date of Injury:	02/24/2000
Decision Date:	08/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/13/2015

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

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 female, who sustained an industrial injury on February 24, 2000. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical strain, lumbar herniated nucleus pulposus, and left shoulder impingement with acromioclavicular arthrosis. The medical records refer to an MRI of the left shoulder, which is consistent with impingement and acromioclavicular arthrosis. The date of the MRI and the report were not included in the provided medical records. Treatment to date has included chiropractic therapy, physical therapy, acupuncture, rest, steroid injection therapy, and medications including short-acting and long-acting opioid analgesic, muscle relaxant, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. The most recent progress note was dated November 17, 2014. The injured worker complained of continued sharp pain in her neck, lower back, and left shoulder. She reported that chiropractic care was improving her neck and low back pain significantly. She was able to significantly decrease her medications and was able to increase her activities of daily living secondary to chiropractic care. She had significant improvement in range of motion and limited muscle spasm of her neck and back, also. Acupuncture was helpful, too. She reported nothing was really helping her left shoulder pain. She complained of worsening left shoulder pain with inability to use her arm much due to pain. The physical exam revealed decreased cervical range of motion, 3+ bilateral paracervical spasm and tenderness, 2+ pain with range of motion, a positive compression test, and negative distraction test. There was decreased lumbar range of motion, 3+ spasm and tenderness, and pain with range of motion. There was decreased range of motion of the left shoulder, 4+

impingement, 4+ pain with range of motion, 4+ acromioclavicular joint pain, and positive Hawkin's and Neer tests. The treatment plan includes continued chiropractic therapy, a left shoulder arthroscopy, pre-operative history & physical and post-operative physical therapy twice a week for 8 weeks. Work status: temporarily totally disabled. Requested treatments include: left shoulder arthroscopy, pre-operative physical clearance, urinalysis (UA), complete blood count (CBC), Chemistry 7, history & physical, post-operative physical therapy 2 x 6 for the left shoulder, post-op sling, and Soma.

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, Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209 and 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Acromioplasty surgery.

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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 11/17/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 11/17/14 does not demonstrate evidence satisfying the above criteria. In addition there is no formal MRI report in the submitted records. Therefore the request is not medically necessary.

Associated surgical service: Pre-op physical clearance: 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 Clearance: UA: 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 Clearance: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op Clearance Chem 7: 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 Clearance: History and physical: 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.

Post-op physical therapy 2 x 6 for the left 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.

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

Soma 350mg #30: 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.