MAXIMUS Federal Services

Case Number:	CM15-0139532		
Date Assigned:	08/03/2015	Date of Injury:	05/17/2013
Decision Date:	09/04/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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: Minnesota, Florida
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 May 17, 2013, incurring upper back, and neck and shoulder injuries. She was diagnosed with cervical degenerative disc disease, cervical radiculopathy, occipital neuralgia and shoulder impingement syndrome. Treatment included a surgical fusion, pain medications, anti-inflammatory drugs, physical therapy, home exercise program, topical analgesic patches, neuropathic medications, muscle relaxants and activity restrictions. Currently, the injured worker complained of severe right shoulder pain radiating into the cervical area and upper extremities. She noted weakness, cramping and cervical spasms. She rated her pain 9 on a pain scale from 1 to 10. She was noted that she was diagnosed with a right shoulder chronic SLAP tear, and cervical spinal stenosis. The treatment plan that was requested for authorization included right shoulder arthroscopy, biceps tenodesis, acromioplasty, and calcific deposit excision. The requests were certified by utilization review on 6/23/2015 with the exception of calcific deposit excision which was non-certified. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, bicep tenodesis, acromioplasty, calcific deposit: 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).

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

Decision rationale: The disputed request pertains to right shoulder arthroscopy, biceps tenodesis, acromioplasty, and calcific deposit excision which was modified by utilization review on 6/23/2015 to right shoulder arthroscopy, biceps tenodesis, and acromioplasty without calcific deposit excision. A review of the MRI report from 4/23/2015 does not indicate any calcific deposits. The MRI of the right shoulder revealed a SLAP tear associated with a 16 mm para-labral cyst. The rotator cuff was normal. No calcific deposits were identified. California MTUS guidelines indicate surgical considerations in the presence of clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Imaging studies must confirm the diagnosis before surgery is undertaken. In the absence of imaging evidence of a calcific deposit, the request for excision of the calcific deposit is not supported by guidelines. The remaining requests have been certified by utilization review. In light of the above, the medical necessity of the request as stated has not been substantiated. The request is not medically necessary.