

Case Number:	CM15-0143728		
Date Assigned:	08/04/2015	Date of Injury:	10/09/2006
Decision Date:	09/30/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/24/2015

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 55 year old male, who sustained an industrial injury on 10-09-2006. The injured worker was diagnosed as having osteoarthritis, localized, primary, and shoulder region. Treatment to date has included diagnostics, left shoulder arthroscopy with rotator cuff repair, biceps tenotomy and extensive debridement on 10-21-2013, and medications. Magnetic resonance imaging of the left shoulder (6-02-2015) noted an impression of stable changes of both the supraspinatus and infraspinatus, with interstitial tear and small linear full-thickness tear suggested in the enthesis of both. Some of this may be post-operative, as there were changes of prior rotator cuff repair. Chronic near complete, if not complete tear of the intra-articular component of the biceps tendon was documented. Diffuse degenerative changes of the labrum, some may be post-operative, and chronic tear of the anterior and posterior labrum was not excluded. Also noted were acromioclavicular joint arthrosis with joint effusion and minimal acromial irregularity, with arthroplasty changes. Currently, the injured worker complains of unchanged left shoulder pain. Exam of the left shoulder noted tenderness and decreased range of motion. A discussion was noted regarding conservative management with a cortisone injection, noting a good response in the past. Also discussed was surgical intervention. Current medications included Gabapentin, Fentanyl patch, Oxycodone, and Trazadone. The treatment plan included a left shoulder arthroscopy, debridement, and distal clavicle resection, along with associated surgical services, pre-operative testing, and post-operative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left shoulder arthroscopy, debridement and distal clavicle resection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, pages 209 and 210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion shown to benefit in the short and long term from surgical treatment. In this case the worker has had a rotator cuff repair, biceps tenotomy and extensive debridement. There has been no improvement of the symptoms. The imaging shows no new pathology and the prior lack of response to surgical treatment indicates that what changes are present are not predictably treated with surgery. Based on this, the request is not medically necessary.

Associated surgical service: 1 assistant surgeon: 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.

Associated surgical service: 1 Facility outpatient south Placer surgery center: 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.

1 pre-op 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.

1 pre-op labs: 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.

Associated surgical service: 1 remedy 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.

1 post-op visit in 90 days: 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.

12 post-op physical therapy sessions: 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.