

Case Number:	CM15-0161209		
Date Assigned:	09/03/2015	Date of Injury:	10/22/2014
Decision Date:	10/28/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/18/2015

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:

This is a 27 year old male with a date of injury of October 22, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder calcific tendinopathy with partial thickness rotator cuff tear, small labral tear of the right shoulder and acromioclavicular joint osteoarthropathy. Medical records dated July 17, 2015 indicate that the injured worker complains of severe right shoulder pain with some limitation of range of motion. A progress note dated June 17, 2015 notes subjective complaints of returning right shoulder pain that had decreased with subacromial space injection. The physical exam dated July 17, 2015 reveals positive impingement signs on Hawkins and Neer testing of the right shoulder, with normal gross muscle testing and intact sensation. The progress note dated June 17, 2015 documented a physical examination that showed tenderness of the right shoulder, right shoulder flexion of 100 degrees, right shoulder abduction of 100 degrees, right shoulder external rotation of 40 degrees, right shoulder internal rotation of 45 degrees, swelling of the right shoulder, and atrophy of the right deltoid musculature. Range of motion of the right shoulder (May 19, 2015) was documented as forward flexion of 120 degrees, abduction of 120 degrees, external rotation of 80 degrees, and internal rotation of 70 degrees. Treatment has included subacromial space cortisone injection that provided temporary relief, medications (Naproxen Sodium and Pantoprazole since at least March of 2015; Duloxetine since at least June of 2015), at least eight sessions of physical therapy, and magnetic resonance imaging of the right shoulder (February 13, 2015) that showed moderate acromioclavicular joint degenerative changes, minimal subacromial-subdeltoid bursitis, rotator cuff tendinopathy with partial thickness tears, very

minimal early chondromalacia of the glenohumeral joint, and slight notching along the articular surface of the middle one third of the anterior labrum. The treating physician documented that the injured worker had "Failed conservative management" (July 17, 2015). The original utilization review (August 10, 2015) non-certified a request for right shoulder arthroscopic surgery with subacromial decompression with intraoperative anesthesia with associated surgical services and postoperative medications and treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic surgery with subacromial decompression with intraoperative anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. 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, there is no documentation of weak or absent abduction. The request is not medically necessary.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op History and Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Labs - CBC with differential: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Labs - Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Labs - PT, PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Physical therapy 3 times a week for 4 week to the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op medicaltion: Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Char Format Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op medication: Tramadol HCL ER 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op medication: Tramadol 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op medication: Anaprox 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Keflex 500mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado State Guidelines Shoulder Injury Exhibit Page Number 88 ii. Indications.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.