

Case Number:	CM15-0164617		
Date Assigned:	09/02/2015	Date of Injury:	08/23/2008
Decision Date:	10/23/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/24/2015

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 44-year-old male, who sustained an industrial injury on 8-23-2008. He reported left shoulder pain due to lifting. Diagnoses have included left shoulder rotator cuff tear with three prior rotator cuff repairs complicated by infection. Treatment to date has included surgery, physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 6-8-2015, the injured worker complained of shoulder pain. His physical exam was noted to be unchanged. It was noted that magnetic resonance imaging (MRI) performed on 5-18-2015 showed a localized area of high-intensity signal, which was likely a suture anchor, possibly with some surrounding fluid. There was an area of thinning and possible tearing of the rotator cuff. Authorization was requested for shoulder debridement and biopsy with removal of suture anchor, assistant surgeon, cold therapy rental, pre-operative clearance and electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder debridement and biopsy with removal of suture anchor: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
 Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

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: The CA MTUS/ACOEM Guidelines are silent on the issue of diagnostic shoulder arthroscopy. According to the Official Disability Guidelines, criteria to consider diagnostic arthroscopy of the knee are: 1. Conservative Care (medications or PT) AND; 2. Subjective clinical findings; 3. Imaging findings. In this case, the clinical features are suspicious for recurrent/residual infection. Prior to surgery laboratory evaluation and aspiration are recommended to determine treatment plan. Arthroscopic treatment is likely to result in dilution of any infectious material rendering the yield lower. Therefore, the request is not medically necessary.

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: cold therapy rental: 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-operative 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.

Associated surgical service: 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.