MAXIMUS Federal Services

Case Number:	CM15-0167606		
Date Assigned:	09/08/2015	Date of Injury:	07/19/2014
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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 47 year old male who sustained an industrial injury on 7-9-14. His initial complaint was "feeling a snap" in his back. He also reported "being unconscious for a few minutes." The injury was sustained as the result of falling approximately 10 feet. He reported that he landed on both feed, then fell backwards, hitting his left shoulder on a piece of furniture. He was evaluated in the emergency department and x-rays of the lumbar spine were completed. He was informed that he had a "herniated disc." A few days later, he was evaluated at an urgent care center that was approved by his employer. X-rays of the left shoulder and back were taken. He was prescribed Naprosyn and Cyclobenzaprine. He was referred to physical therapy, pain management, and acupuncture. In October 2014, he was evaluated by an orthopedic surgeon. X-rays and an MRI were completed of his lumbar spine. He was given a cortisone injection in the left shoulder, which relieved symptoms for approximately one week. The Primary Treating Physician's Progress Report, dated 7-27-15, indicates that the injured worker complained of left shoulder pain, rating it "7 out of 10" and increased back pain, rating it "9 out of 10". He also complained of bilateral hip pain, neck pain, and headaches. His diagnoses included lumbar spine disc protrusion with radiculopathy and left shoulder impingement syndrome. The treatment plan indicated a request for authorization for a lumbar epidural steroid injection and a request for authorization for left shoulder arthroscopy, subacromial decompression, preoperative medical clearance, postoperative physical therapy, a shoulder sling, and a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, Subacromial Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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 the records do not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore the request does not adhere to guideline recommendations and is not medically necessary.

Pre-Operative Medical Clearance: Upheld

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

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-Operative Physical Therapy Three (3) Times a Week for Four (4) Weeks: Upheld

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

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.

Associated surgical service: Shoulder Sling: Upheld

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

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.

Associated surgical service: Cold Therapy Unit: Upheld

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

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.