

Case Number:	CM15-0195169		
Date Assigned:	10/08/2015	Date of Injury:	02/05/1996
Decision Date:	12/21/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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 63 year old female, who sustained an industrial injury on 2-5-96. The injured worker is diagnosed with bilateral shoulder pain, acromioclavicular arthritis, bilateral impingement syndrome and bilateral rotator cuff tears. The injured worker is not currently working. Notes dated 5-6-15 - 8-27-15 reveals the injured worker presented with complaints of frequent, moderate right shoulder pain and stiffness. Physical examinations dated 5-6-15 - 8-27-15 of the right shoulder revealed diffuse tenderness, decreased range of motion due to pain and the supraspinatus strength is 4 out of 5. The cross chest adduction test is positive as is the Neer, Hawkins and Obrien tests. Treatment to date has included medications, physical therapy, and shoulder injections did not provide significant relief, per note dated 8-27-15. Diagnostic studies to date have included a right shoulder MRI, which revealed a full thickness rotator cuff tear, acromioclavicular arthrosis, impingement and possible biceps tendon rupturing, per physician note dated 8-27-15. A right shoulder x-rays revealed acromioclavicular arthrosis, per physician note dated 5-6-15. A request for authorization dated 9-1-15 for right shoulder (ATSO), subacromial decompression (SAD), distal clavicle resection (DCR), possible RCE, BT and associated services is denied, per Utilization Review letter dated 9-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder (ATS), Subacromial decompression (SAD), distal clavicle resection (DCR), possible RCR, BT: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

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. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case left shoulder procedure was authorized and the recent treatment note indicated injection to the right shoulder was planned. There is no documentation of the effect of this injection to constitute failure of injection and therefore, the request is not medically necessary.

Associated surgical service: Customizable shoulder immobilizer: 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: DVT: 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: Polar care shoulder: 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: 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 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.