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| Case Number: | CM15-0020212 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 10/11/2011 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/08/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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

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 48 year old man sustained an industrial injury on 10/11/2011. The mechanism of injury is not detailed. Current diagnoses include right shoulder impingement syndrome with tendonitis/bursitis and status post right shoulder rotator cuff repair. Treatment has included oral medications. Physician notes dated 11/26/2014 show follow up after a cortisone injection. The worker states good results with pain, but weakness and low stamina. Recommendations include surgical intervention stating that now, all criteria have been met as previously directed. On 1/8/2015, Utilization Review evaluated prescriptions for right shoulder arthroscopy, subacromial decompression, and possible mumford procedure, assistant surgeon, medical clearance, and 12 post-operative physical therapy sessions, that were submitted on 12/3/2015. The UR physician noted that the worker has not failed conservative measures such as physical therapy, activity modification, NSAIDs, and/or cortisone injection. Further, there is no documentation of weakness and no radiologic evidence of impingement. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request for surgery, and therefore, post-operative physical therapy, were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Shoulder Arthroscopy, Subacromial Decompression, and Possible Mumford

Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211, 214. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Acromioplasty surgery.

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 that is not present in the submitted clinical information from 11/26/14. 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 exam note from 11/26/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is for non-certification.

Associated surgical service: 1 Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule Search, CPT Code 29826 <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

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 Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

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: 12 Post Operative Physical Therapy: 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.