

Case Number:	CM15-0020914		
Date Assigned:	02/10/2015	Date of Injury:	01/26/2012
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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, Sports Medicine

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 49-year-old female who reported an injury on 01/26/2012 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her head, neck, upper back, lower back, shoulder, arm, elbow, wrist, hand, and stomach. The injured worker's treatment history of the shoulder included physical therapy, corticosteroid injections, and medications. The injured worker was evaluated on 01/08/2015. It was documented that the injured worker had bilateral shoulder tenderness anteriorly with restricted range of motion, more significant of the right shoulder than the left, and positive Neer's and Hawkins sign. The injured worker's diagnoses included continuous trauma industrial related injury, bilateral shoulder strain, and cervical pain. The injured worker underwent a left shoulder MRI on 09/16/2014 that documented mild tenosynovitis of the long head biceps tendon. A Request for Authorization was submitted for left shoulder surgery and associated services on 01/08/2015.

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, possible biceps tenotomy, possible rotator cuff repair and extensive debridement of glenohumeral joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Rotator cuff disorders; Indications for Surgeries - Acromioplasty; Ruptured biceps tendon surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The requested left shoulder arthroscopy, subacromial decompression, possible biceps tenotomy, possible rotator cuff repair and extensive debridement of glenohumeral joint is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for the shoulder when there are significant functional limitations that have failed to respond to conservative therapy and are consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker underwent an MRI that indicated mild tenosynovitis of the long head of the biceps tendon. However, no pathology consistent with a rotator cuff injury was identified. There was no evidence of a rotator cuff tear or impingement. The injured worker had neutral anterior sloping. Therefore, the need for rotator cuff repair would not be supported. As such, the requested left shoulder arthroscopy, subacromial decompression, possible biceps tenotomy, possible rotator cuff repair and extensive debridement of glenohumeral joint is not medically necessary or appropriate.

Associated Surgical Service: 24 Sessions Post-op Physical Therapy, Left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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: Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

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.