

Case Number:	CM15-0029442		
Date Assigned:	02/23/2015	Date of Injury:	08/15/2007
Decision Date:	05/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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 58-year-old male who reported an injury on 08/15/2007. The injured worker was noted to undergo a left shoulder surgery in 2007. The documentation of 12/03/2014 revealed the injured worker was lifting a metal pipe weighing approximately 20 pounds from a table onto a stand and sustained an injury to his right shoulder. The injured worker was complained of left shoulder pain. The injured worker was noted to have an MR arthrogram. The medications included Duexis 800-26.6 mg 1 at 3 times a day, Motrin IB 200 mg 1 as directed, and Voltaren gel 3 times a day. The injured worker had a positive drop test and impingement test. The injured worker had positive crepitus on the left shoulder. Diagnoses included shoulder sprain and strain of the rotator cuff, shoulder impingement, and bursitis. The treatment plan included a videoarthroscopy of the left shoulder with possible rotator cuff repair, subacromial decompression, debridement, acromioplasty, and fascial sheath injection with cold flow therapy and an arc sling, and postoperative physical therapy. Medical clearance additionally was requested. The injured worker underwent a left shoulder MRI on 08/14/2013. The documentation indicated there were a large full thickness tear of the supraspinatus tendon and a high grade partial thickness tear of the subscapularis tendon. There was noted to be tendinosis of the long head of the biceps tendon and there were mild to moderate degenerative changes of the acromioclavicular joint, and there was a mild subacromial spur, which were predisposing factors for subacromial impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Videoarthroscopy of Left shoulder, possible rotator cuff repair, subacromial decompression, debridement, acromioplasty and fascial sheath injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210 and 211.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. The clinical documentation submitted for review failed to provide documentation the injured worker had a failure of conservative care. The injured worker had a positive drop arm test and impingement test. The documentation indicated the injured worker had objective findings upon physical examination and had MRI findings. There was a lack of documentation of a failure of conservative care. Given the above, the request for videoarthroscopy of left shoulder, possible rotator cuff repair, subacromial decompression, debridement, acromioplasty, debridement, acromioplasty, and fascial sheath injection (at [REDACTED]) is not medically necessary.

Medical clearance with primary care physician to include complete H & P with labs, EKG and chest x-ray at least 2 weeks prior to the planned operation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index, 9th Edition (web) 2011.

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.

Cold flow therapy for purchase with a preoperative visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index, 9th Edition (web) 2011.

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.

ARC Sling to be given at the preoperative visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index 9th Edition (web) 2011.

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.

Postop Physical Therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.