

Case Number:	CM15-0032071		
Date Assigned:	02/25/2015	Date of Injury:	08/16/1999
Decision Date:	05/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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 61-year-old female who reported an injury on 08/16/1999. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with possible infection versus rotator cuff tear versus loose body in the right shoulder, status post arthroplasty. On 01/21/2015, the injured worker presented for a follow-up evaluation with complaints of increased pain. It was noted that the injured worker had been utilizing oxycodone and ibuprofen for pain control. Upon examination, there was positive tenderness to palpation over the AC joint and rotator cuff region, glenohumeral joint tenderness, minimal effusion, and well healing incisions. There was no evidence of atrophy over the muscles of the shoulder girdle, nor significant crepitus on range of motion. Range of motion was documented at 140 degrees forward flexion, 60 degree external rotation and internal rotation to L1. Recommendations at that time included right shoulder arthroscopic debridement, tissue biopsy, loose body removal and culture. A Request for Authorization form was then submitted on 02/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Debridement, loose body removal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, there was no documentation of an attempt at postoperative conservative treatment prior to the request for an additional surgical procedure. There is no documentation of a significant motor or sensory deficit. The injured worker was also pending authorization for multiple laboratory studies to evaluate for possible infection. The request as submitted failed to indicate the specific type of procedure to be performed and the specific body part to be treated. Given the above, the request is not medically appropriate at this time.

Associated surgical service: EKG and labs: 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.

Post-op physical therapy x 12: 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.