

Case Number:	CM15-0035627		
Date Assigned:	03/05/2015	Date of Injury:	04/17/2012
Decision Date:	04/15/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/25/2015

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:

The injured worker is a 69-year-old female; with a reported date of injury of 04/17/2012. The diagnoses include left shoulder pain. Treatments included an MR Arthrogram of the left shoulder on 11/04/2013, a posterior instability repair on 07/11/2012, an x-ray of the left shoulder, and an MRI of the left shoulder on 12/12/2014. The medical report dated 11/11/2014 indicates that the injured worker continued to have pain and popping inside his left shoulder. It was noted that the injured worker had not gotten better on non-operative treatment. The objected findings were not indicated. The treating physician requested left shoulder arthroscopy, post stability repair versus debridement and an assistant surgeon. The rationale for the request was not indicated. On 01/22/2015, Utilization Review (UR) denied the request for left shoulder arthroscopy, post stability repair versus debridement and an assistant surgeon, noting that there as a lack of evidence of failed conservative care. The surgery was non-certified; therefore, the associated request was non-certified. The MTUS/ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, left shoulder, post stability repair vs debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web) 2013, Shoulder, Surgery for SLAP lesions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery for rotator cuff repair.

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, the submitted notes from 11/11/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 11/11/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore, the determination is for non-certification for the requested procedure.

Surgery assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons Statement of Principles.

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.