

<b>Case Number:</b>	CM15-0040536		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, 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 47-year-old female who reported an injury on 02/29/2012. She had been diagnosed with right shoulder pain, with a request previously having been made on 01/19/2015 for right shoulder arthroscopy with extensive debridement and intra and extra-articular/distal clavicle excision/subacromial decompression/possible arthroscopic biceps tenodesis, as well as surgical assistant, postoperative physical therapy (12 sessions), postoperative recovery cold therapy unit, sling immobilization, Breg exercise kit, and Prilosec. Her prior treatments had included physical therapy and diagnostic testing to include EMG and MRI. However, the previous request had been denied based on a lack of overall imaging results corroborating with physical examination findings to support the surgical procedure at that time. The additional requests were subsequently non-certified based on non-authorization of the primary surgical procedure. The injured worker had been seen most recently on 12/01/2014 with no comprehensive physical examination performed in regard to her right shoulder. A new request was made for the same surgical procedure with ancillary requests previously stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy with Extensive Debridement Intra and Extra-articular, Distal Clavicle Excision, SAD, Possible Arthroscopic Biceps Tenodesis: 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, Indications for Surgery - Acromioplasty, Rotator Cuff Repair; Distal clavicle resection.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-213.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, without having imaging studies provided for review to confirm a lesion in the affected shoulder necessitating surgical intervention, the surgical request cannot be supported. Additionally, there is no reference to the injured worker having completed any current conservative modalities toward treatment of her right shoulder. With the most recent clinical documentation not specifying any functional deficits or reference to significant increase in pain, and overall lack of information pertaining to the injured worker's current pathology, the Right Shoulder Arthroscopy with Extensive Debridement Intra and Extra-articular, Distal Clavicle Excision, SAD, Possible Arthroscopic Biceps Tenodesis cannot be warranted. Therefore, the request is not medically necessary.

**Surgical Assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Surgical Assistant.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Physical Therapy (12-sessions):** 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-Operative Recovery Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Sling Immobilization:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Post-operative sling.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Breg Exercise Kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Home exercise kits.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Prilosec:** 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.