

Case Number:	CM15-0048768		
Date Assigned:	03/20/2015	Date of Injury:	07/02/2008
Decision Date:	05/12/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/16/2015

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 female who reported an injury on 12/17/2012 due to an unspecified mechanism of injury. An MRI arthrogram dated 10/14/2014 showed evidence of a mild to moderate partial tearing of the supraspinatus of its insertion site and progression in comparison to a prior examination, and mild to moderate acromioclavicular joint arthropathy. The most recent clinical note provided was dated 02/15/2015 and showed that the injured worker had presented for an evaluation. She stated that she had not started therapy for her wrist and that she had not heard anything about her left shoulder surgery. She rated her pain at a 7/10 and noted it to be moderate and frequent. On examination, there was tenderness to palpation at the wrist and decreased range of motion. The left shoulder showed tenderness to palpation at the AC joint and a positive impingement sign with decreased range of motion. It should be noted that the document provided was handwritten and illegible. The treatment plan was for her to undergo an arthroscopic left shoulder evaluation, arthroscopic subacromial decompression, distal clavicle resection, and rotator cuff or labral debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic left shoulder evaluation, arthroscopic subacromial decompression, distal clavicle resection & rotator cuff and or labral debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

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

Decision rationale: The California ACOEM Guidelines indicate that surgical referral may be indicated for those who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength around the musculature of the arm, and clear clinical imaging evidence of a lesion that has been shown to benefit from surgical repair. Surgery for rotator cuff tears is recommended when there is evidence of failure of conservative treatment after at least 3 months. Surgery for impingement syndrome is usually an arthroscopic decompression but is not indicated for those with mild symptoms who have no activity limitations and only after failure of conservative care including cortisone injections. The clinical documentation submitted for review fails to show that the injured worker has failed all recommended conservative therapies towards the left shoulder, such as physical therapy and cortisone injections to support the requested interventions. Also, the MRI did not show evidence to support the request for a distal clavicle resection. Without this information, the requested procedure would not be supported. As such, the request is not medically necessary.

Pre-op medical clearance: 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.

Supervised post-op rehabilitative therapy x 12 visits: 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.

Associated surgical service: Home continuous passive motion device x 45 days: 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.

Associated surgical service: Surgi stim unit x 90 days: 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.

Associated surgical service: Coolcare cold therapy unit x 90 days: 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.