

Case Number:	CM15-0050181		
Date Assigned:	03/23/2015	Date of Injury:	12/19/2011
Decision Date:	05/12/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/17/2015

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 60-year-old female with a reported date of injury of 12/19/2011, with an unknown mechanism of injury. Current diagnoses include left shoulder sprain/strain, left shoulder impingement syndrome, status post surgery of the right shoulder, and partial tear of supraspinatus tendon of left shoulder per MRI. There was no official MRI of the left shoulder submitted for review. Other therapies include the use of acupuncture, and injections to the left shoulder. The clinical note dating 12/09/2014 indicates the injured worker was seen with continued complaints of left shoulder pain. Objective findings revealed normal motor strength and deep tendon reflexes to the left shoulder. There was noted to be decreased range of motion. Tenderness to palpation was noted at the anterior shoulder and acromioclavicular joints. Hawkins and Neer's caused pain on the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with subacromial decompression; debridement vs. repair of the rotator cuff as indicated at the time of surgery with possible biceps tenotomy and possible distal clavicle resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212.

Decision rationale: ACOEM Guidelines indicate that clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The clinical documentation submitted for review failed to include any imaging studies of the left shoulder. Without official imaging corroborating the subjective and objective exam findings, this request is not supported, and is not medically necessary.

Pre-operative 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.

Post-operative physical therapy, unspecified frequency and duration: 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 services: Sling with abduction pillow: 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 services: Polar care unit rental for two (2) weeks: 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.