

Case Number:	CM15-0051534		
Date Assigned:	03/25/2015	Date of Injury:	05/08/2013
Decision Date:	05/12/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/18/2015

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 72-year-old male who reported an injury on 05/06/2013. The mechanism of injury was not provided. The documentation of 02/09/2015 revealed the injured worker had 5 sessions of physical therapy without benefit. The injured worker was noted to be experiencing more pain in the left shoulder. The medications included lisinopril and cholesterol medications. The injured worker's past history included hypertension. The subjective findings revealed a positive Neer's and supraspinatus test and abduction of -75 degrees, forward flexion of -6 degrees, external rotation 10 degrees, internal rotation 20 degrees, and extension 16 degrees. The diagnosis included pain in joint, shoulder; chronic pain; and "shoulder internal derangement failed conservative treatment." The treatment plan included a left shoulder arthroscopic subacromial decompression and a refill of NSAIDs. The injured worker underwent an MRI of the left shoulder on 12/05/2014 which revealed a type 2 acromion in the sagittal plane and the joint was intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. The clinical documentation submitted for review failed to provide the documentation of 3 to 6 months of conservative therapy, including cortisone injections. The documentation indicated the injured worker had undergone 5 sessions of physical therapy. The guidelines recommend conservative care, including subacromial injections times 3 to 6 months. The injured worker was noted to have 5 sessions of physical therapy. As such, there was a lack of documentation of a failure of extensive conservative care. There were objective findings upon physical examination and MRI; however, given the lack of documentation, the request for subacromial decompression is not medically necessary.

Pre-operative clearance with labs; CBC, CMP, PT/PTT, EKG: 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.

Physical therapy-post operative 3 times a week for 4 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.

Tylenol 3 #60: 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.