

Case Number:	CM15-0055103		
Date Assigned:	04/16/2015	Date of Injury:	12/05/2012
Decision Date:	06/03/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/23/2015

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 58 year old female who sustained an industrial injury on 12/5/12. She has reported left shoulder injury after a slip and fall. The diagnoses have included persistent left shoulder rotator cuff tear status post remote acromioplasty. Treatment to date has included medications, orthopedic consultation, physical therapy, transcutaneous electrical nerve stimulation (TENS) and surgery. The Magnetic Resonance Arthrogram (MRA) of the left shoulder was done on 1/19/15 and the Magnetic Resonance Imaging (MRI) of the left shoulder was done on 10/11/13. The x-rays of the left shoulder were done on 12/5/12. Currently, as per the physician progress note dated 3/3/15, the injured worker complains of increased left shoulder pain with diminishing range of motion. She states that the pain is increasingly more severe. Physical exam revealed decreased range of motion in the left shoulder, positive impingement signs on Hawkin's and Neer testing, and moderate weakness throughout all planes of range of motion. The physician noted that her options were to live with the disability or consider a revision acromioplasty and repair of rotator cuff tear. It was noted that the injured worker wished to proceed with surgery. The physician requested treatments included Left Revision Acromioplasty and Repair of the Rotator Cuff Tear and Anesthesia, Post-Operative Physical Therapy 3 x 4, Norco 10/325mg #30, Anaprox 550mg #60, Tramadol HCL ER 150mg #30, Keflex 500mg #28, Pre-Operative Labs, Pre-Operative Electrocardiogram (EKG) and Pre-Operative History and Physical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Revision Acromioplasty and Repair of the Rotator Cuff Tear and Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Surgery for Impingement Syndrome, Indications for Surgery - Acromioplasty; Rotator cuff repair and Anesthesia for spinal surgery in adults, University Department Anesthesia, University Clinical Department.

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

Decision rationale: The ACOEM guidelines 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 injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. 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 indicated the injured worker had positive impingement findings upon examination. However, there was a lack of documentation of the duration of the specific conservative care. There was a lack of documentation indicating the injured worker had 3 to 6 months of treatment. The requested surgical intervention would not be supported. There was no documentation of a full thickness tear. Anesthesia would not be required as the surgical intervention was not medically necessary. Given the above, the request for left revision acromioplasty and repair of the rotator cuff tear and anesthesia is not medically necessary.

Post-Operative Physical Therapy 3 x 4: 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.

Norco 10/325mg #30: 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.

Anaprox 550mg #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.

Tramadol HCL ER 150mg #30: 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.

Keflex 500mg #28: 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.

Pre-Operative Labs: 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.

Pre-Operative 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.

Pre-Operative History and Physical: 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.