

Case Number:	CM15-0055426		
Date Assigned:	04/16/2015	Date of Injury:	05/29/2012
Decision Date:	06/03/2015	UR Denial Date:	03/11/2015
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: Tennessee, Ohio
 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 57-year-old male, who sustained an industrial injury on 05/29/2012. The initial complaints or symptoms included left shoulder and arm pain after trying to stop a heavy pipe from falling. The injured worker was diagnosed as having left shoulder strain/sprain and tendinitis of the left shoulder. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, electrodiagnostic/nerve conduction testing, injections, and left shoulder surgery. The injured worker underwent an MR arthrogram of the left shoulder on 12/24/2014, which revealed no evidence of a rotator cuff tear. There was a small tear of the superior labrum, and the remainder of the labrum had a slightly abnormal appearance without a defined tear. There were changes of the acromioplasty. The documentation of 02/27/2015 revealed the injured worker had no evidence of a rotator cuff tear in the MRA, and the findings were opined to be inconsistent with the severity and difficulty the injured worker was having with the shoulder. On examination, the injured worker could forward elevate to 90 degrees with severe pain, externally rotate to 5 degrees, and internally rotate to 5. The injured worker had significant pain through all motions. The assessment was probable adhesive capsulitis. The injured worker was noted to have pre-existing arthritis, and it was opined that there may be a chondral flap or loose body, or biceps instability. The injured worker indicated he would like to go forward with a revision arthroscopy, manipulation under anesthesia with arthroscopic lysis of adhesions, and treatment of any rotator cuff or biceps tendon pathology with possible biceps tenodesis, if there is biceps instability. The diagnoses include probable left shoulder adhesive capsulitis. The treatment plan consisted of left shoulder revision arthroscopy (with possible

labral tear repair, possible rotator cuff repair, possible biceps tenodesis, subacromial decompression, possible biceps tenotomy, debridement, manipulation lysis and resect adhesions), 16 post-op physical therapy sessions, and medications (Keflex, Zofran, ibuprofen, Colace, Norco and Vitamin C).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Revision Arthroscopy, Possible Labral Repair, Possible Rotator Cuff Repair, Possible Biceps Tenodesis, Subacromial Decompression, Possible Biceps Tenotomy, Debridement, Manipulation Lysis, Resect Adhesion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211, 214.

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 failed to provide the duration of conservative care. There was a lack of documentation of a rotator cuff deficit. The injured worker had decreased range of motion. However, as there were no objective findings upon MRI related to the rotator cuff, and there was a lack of documentation of the duration of conservative care. Given the above, the request is not medically necessary.

Post-Op Physical Therapy (16-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.

Keflex 500mg #12: 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.

Zofran 4mg #10: 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.

Ibuprofen 600mg #90: 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.

Colace 100mg #10: 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 7.5/325mg #50: 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.

Vitamin C 500mg #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.