

Case Number:	CM15-0056208		
Date Assigned:	04/16/2015	Date of Injury:	07/31/2013
Decision Date:	05/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/24/2015

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: New York

Certification(s)/Specialty: Neurological 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 54-year-old female, who sustained an industrial injury on 07/31/2013. She has reported injury to the left upper extremity. The diagnoses have included left lateral epicondylitis, left de Quervain's tenosynovitis, and left partial tear of the rotator cuff with acromioclavicular joint osteoarthritis with medial outlet obstruction type II acromion. Treatment to date has included medications, diagnostics, bracing, injections, and physical therapy. Medications have included Motrin and Tylenol. A progress note from the treating physician, dated 02/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the left shoulder, left elbow, and left wrist. Objective findings included left shoulder with limited and painful range of motion; positive Hawkin's and Neer's tests; and tenderness to palpation over the left lateral epicondyle. The treatment plan has included surgical intervention and the requests for subacromial decompression bursectomy, acromioclavicular joint resection with evaluation of left rotator cuff with possible tear; pre-op clearance; labs: CBC, Chem 7, PT/PTT, INR; chest x-ray; post-op physical therapy 2x4; cold therapy unit purchase or 7 day rental; surgical assistant; and EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial Decompression Bursectomy, AC Joint Resection with Evaluation of the Left RC with Possible Tear: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS guidelines indicate that surgery for partial rotator cuff tears in patients who have mild symptoms is not recommended. Documentation indicated a lengthy time between visits with the provider. She had received benefit from injections. The guidelines also do not recommend surgery in patients with impingement syndromes who have mild symptoms. Documentation does not show the patient had severe complaints. Therefore, the request is not medically necessary and appropriate.

Pre-Operative 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.

Associated Surgical Service: Labs: CBC, Chem 7, PT/PTT INR: 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: Chest X-Ray: 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 (8-sessions, 2 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.

Associated Surgical Service: Cold Therapy Unit (purchase or 7-day rental): 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.

Surgical Assistant: 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: 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.