

Case Number:	CM15-0056445		
Date Assigned:	04/16/2015	Date of Injury:	09/25/2013
Decision Date:	06/03/2015	UR Denial Date:	03/09/2015
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: 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 59-year-old female, who sustained an industrial injury on September 25, 2013. The mechanism of injury involved a fall. The injured worker was diagnosed as having right shoulder strain, post-concussion syndrome, cervical radiculopathy of the right side status post-surgery and right wrist strain. Treatment to date has included diagnostic studies, cervical surgery, conservative care, medications and work restrictions. The injured worker presented on 02/10/2015 for a follow-up evaluation regarding the right shoulder. The injured worker was status post an injection of Depo-Medrol and lidocaine on 01/13/2015. The injured worker reported significant improvement in strength with the lidocaine effect. Despite having extensive physical therapy and a cortisone injection, the injured worker continued to be markedly symptomatic. In addition, the injured worker utilized Percocet 5/325 mg on an as needed basis for pain. Upon examination of the right shoulder, there was tenderness in the rhomboid musculature, AC joint and outlet. Elevation beyond 90 degrees was painful. Rotation in the abducted position was also painful. The injured worker had marked pain with active compression test as well as with testing of the supraspinatus. Recommendations at that time included a right shoulder arthroscopy, subacromial decompression, distal clavicle excision, and probable biceps tenodesis. An official MRI report, dated 08/29/2014, was also submitted and confirmed inflammatory arthrosis resulting in tendinosis and a low-grade partial tear of the supraspinatus and to a lesser infraspinatus tendon. There was a focal 3 mm full thickness defect at the anterolateral insertion of the supraspinatus tendon with chronic adjacent fraying. Associated subacromial/subdeltoid bursal effusion was noted as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Subacromial Decompression, Distal Clavicle Resection, and Biceps Tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, the injured worker notes minimal symptomatology upon examination. There is no evidence of nighttime pain or pain with active arc of motion. Additionally, the injection procedure provided significant improvement in symptoms. There was no documentation of a recent attempt at conservative management in the form of active rehabilitation. Given the above, the request is not medically necessary at this time.

Associated Surgical Service: CPM (21-days): 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: Cryotherapy Unit: 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: Airplane Splint: 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-Op Physical Therapy (18-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.

Pre-Operative Lab Work for EKG and CBC, Sodium, Potassium: 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.