

Case Number:	CM15-0056848		
Date Assigned:	04/01/2015	Date of Injury:	02/10/2011
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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 55-year-old female who reported an injury on 02/10/2011. The mechanism of injury was not provided. Her diagnoses include rotator cuff rupture. Past treatment included physical therapy, chiropractic therapy, and acupuncture to the cervical spine. An MRI was performed of the right shoulder, and was noted to reveal a grade 2 partial thickness tear of the distal infraspinatus tendon; mild chronic grade 1 tendinosis of the intra-articular course of the biceps tendon; as well as anterior superior sublabral foramen, with a tear of the anterior inferior labrum from 3 to 6 o'clock position. On 02/17/2015, it was indicated the injured worker had neck pain that radiated down to the right side that she rated 6/10 to 7/10. There were no physical examination findings noted. Medications were not included in the report. The treatment plan was not included, nor was the rationale. The Request for Authorization was signed 03/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic/Operative Arthroscopy, Arthroscopic Rotator Cuff Repair, Acromioplasty, Resection of Coracoacromial Ligament and Bursa as Indicated, Possible Distal Clavicle Resection of the Right Shoulder under Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211. Decision based on Non-MTUS Citation ODG Indications for Surgery- Rotator cuff repair; Shoulder (Acute & Chronic); Surgery for impingement syndrome; Acromioplasty.

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgical consideration may be indicated for those that have red flag conditions, activity limitation, failure to increase range of motion and strength despite conservative treatment, and clear clinical and imaging evidence of a lesion. The clinical documentation submitted for review provided an MRI that suggested deficits to the shoulder that would benefit from surgical intervention. However, there was a lack of subjective and objective findings corroborating with the imaging study. Additionally, past treatments involved the cervical spine and not the right shoulder. Consequently, the request is not supported. As such, the request for one diagnostic/operative arthroscopy, arthroscopic rotator cuff repair, acromioplasty, resection of coracoacromial ligament and bursa as indicated, possible distal clavicle resection of the right shoulder under anesthesia is not medically necessary.

Pre-Operative Medical Clearance to Include EKG, Labs: (CBC, Chem 7, UA, PT/PTT/INR and 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy (12-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.

Post-Operative Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Immobilization.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Game Ready Unit (for 30-days): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Game Ready accelerated recovery system.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.