

Case Number:	CM15-0062494		
Date Assigned:	04/20/2015	Date of Injury:	08/05/2011
Decision Date:	07/20/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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 68 year old male who sustained an industrial injury on 8/5/11. He has reported initial complaints of right shoulder pain after falling at work. The diagnoses have included shoulder pain status post right shoulder arthroplastic repair of massive rotator cuff tear. Treatment to date has included previous rotator cuff surgery without benefit, medications, diagnostics, and acupuncture with benefit, physical therapy, and activity modifications. The diagnostic testing that was performed included Magnetic Resonance Arthrogram (MRA) of the right shoulder. The injured worker was not taking any medications. Currently, as per the physician progress note dated 10/29/14, the injured worker complains of right shoulder pain constantly. It was noted that he reported that acupuncture was helpful. He is only using a salve. He reports that he cannot shower or clean the opposite armpit. It was noted that he was sad. The physical exam revealed left shoulder decreased range of motion, compensatory pain in the left shoulder, positive Obrien's test, biceps pain and weakness was noted. He was not working at the time of the exam. The physician noted that he has previously failed all non-operative treatment of the right shoulder including physical therapy, anti-inflammatory medication, and acupuncture. Recommendation was for surgical intervention. The physician requested treatments include, Right shoulder arthroscopy, latissimus dorsi transfer, debridement distal clavicle excision long head of biceps tenodesis, Associated Surgical Service: Inpatient stay 1-2 days, Associated Surgical Service: Pre-operative Medical Clearance, Associated Surgical Service: Post-op Physical Therapy 2 times a week for 6 weeks, Associated Surgical Service: Vascutherm cold therapy unit 7 day rental, Associated Surgical Service: Shoulder sling, and

Post-op Percocet 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, latissimus dorsi transfer, debridement distal clavical excision long head of biceps tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 197-210.

Decision rationale: The California MTUS guidelines recommend in addition to the medical history a regional shoulder examination be performed. Documentation does not provide evidence of a complete history or exam. Documentation does not provide evidence of range of motion or muscle strength of specific shoulder muscles. Details of a home exercise program are not provided. The guidelines recommend that for surgery clear clinical and imaging evidence of a lesion that has been shown to benefit both in short and long term, from surgical repair be identified. Documentation does not show this evidence. The requested treatment: Right shoulder arthroscopy, latissimus dorsi transfer, debridement distal clavicle excision long head of biceps tenodesis is not medically necessary and appropriate.

Associated Surgical Service: Inpatient stay 1-2 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: Preoperative Medical 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: Postoperative Physical Therapy 2x6 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: Vascutherm cold therapy unit 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.

Associated Surgical Service: Shoulder sling: 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 Percocet 10/325mg #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.

Postoperative Oxycontin 10mg #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.