

Case Number:	CM15-0065566		
Date Assigned:	04/13/2015	Date of Injury:	08/16/1999
Decision Date:	07/15/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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 53 year old female, who sustained an industrial injury on August 13, 2002. She reported neck, arm, knee and shoulders pain. The injured worker was diagnosed as having cervicalgia, post laminectomy syndrome of the cervical spine, occipital neuralgia, myofascial pain and migraine headaches. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the cervical spine, conservative care, medications and work restrictions. Currently, the injured worker complains of neck, arm, knee and shoulders pain. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She reported excellent benefit with Botox injections. She still reported intermittent pain although less severe, that required pain medications. On November 18, 2014, she underwent emergent removal of cervical hardware, decompression and instrumentation fusion. Evaluation on November 21, 2014, revealed continued neck pain and shoulder pain. Surgical intervention of the right shoulder, a shoulder sling, assistant surgeon and medications were requested. Evaluation on March 16, 2015, revealed continued pain in the neck although improved with last Botox injection. Migraines were noted to be reduced with injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic with removal of the loose cement and repair of the subscapularis tear: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California MTUS guidelines recommend surgical consideration if there is clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term from surgical repair. Documentation does not show such a lesion. Although the provider alleges the presence of loose cement, MRI scan did not show this. The requested treatment right shoulder arthroscopic with removal of the loose cement and repair of the subscapularis tear is not medically necessary and appropriate.

Associated surgical services: one assistant surgeon: 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) Since the requested treatment: Right shoulder arthroscopic with removal of the loose cement and repair of the subscapularis tear is NOT Medically necessary and appropriate, then the Requested Treatment: Associated service: one assistant surgeon is not medically necessary and appropriate.

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

Associated surgical services: 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.

Unknown prescription of Norco: 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.

Unknown prescription Zofran: 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.

Unknown prescription of Colace: 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.