

Case Number:	CM15-0079357		
Date Assigned:	04/30/2015	Date of Injury:	02/20/2004
Decision Date:	08/04/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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 61 year old female, who sustained an industrial injury on 02/20/2014. On provider visit dated 03/25/2015 the injured worker has reported right shoulder, lower back, and left knee pain. Numbness was noted to right upper extremity. On examination of the right shoulder revealed atrophy over the shoulder girdle, tenderness to palpation was noted over the greater tuberosity. Range of motion was limited. Positive Neer sign and positive Thumb down sign was noted. The diagnoses have included right shoulder impingement syndrome with adhesive capsulitis. Tight shoulder osteoarthritis of acromioclavicular joint and rotator cuff tear. Treatment to date has included medication and MRI. The provider requested right shoulder arthroscopy surgery with decompression possible rotator cuff, associated surgical service: medical clearance, post op physical therapy, surgical assistant, ultra sling and CTU for 10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy surgery with decompression possible rotator cuff: 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 Chapter-Surgery for Adhesive capsulitis.

Decision rationale: The ODG guidelines note that surgery for adhesive capsulitis is under study. The guidelines note that conservative treatment is a good long-term regimen. As the diagnoses include right shoulder impingement syndrome, the guidelines do not recommend acromioplasty when there is a need for rotator cuff repair. Therefore, the request for right shoulder arthroscopy surgery with decompression possible rotator cuff is not medically necessary and appropriate.

Associated surgical service: 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: Post-op physical therapy 12 visits: 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: 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: Ultra 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.

Associated surgical service: CTU for 10 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.