

Case Number:	CM15-0084787		
Date Assigned:	05/07/2015	Date of Injury:	05/05/2009
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic 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 60 year old female, who sustained an industrial injury on 5/5/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spine disc rupture, thoracic spine disc bulges, failed right shoulder surgery and left shoulder strain. There is no record of a recent diagnostic study. Treatment to date has included surgery and medication management. In a progress note dated 4/1/2015, the injured worker complains of intermittent pain, numbness and tingling of the neck, upper back and bilateral shoulder. The treating physician is requesting right shoulder revision surgery and initial orthopedist consultation for a 2nd opinion regarding the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder revision surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

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

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. In this case, the treatment record from 4/1/15 requests a shoulder surgery without documentation of non-operative care or surgical intent. Since there is no intended lesion in the shoulder it is impossible to know if benefit can be expected from repair. Based on this the guidelines are not satisfied and the request is not medically necessary.

Initial orthopedist consultation right shoulder 2nd opinion: Upheld

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

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

Decision rationale: CA MTUS/ACOEM Chapter 9 Shoulder, age 209, states that referral for surgical consideration be reserved for: Red flag conditions, Activity limitations for 4 months plus a surgical lesion, failure to improve range of motion plus a surgical lesion or clear demonstration on imaging of a lesion shown to benefit in short and long term from surgical repair. In this case, the office note from 4/1/15 does not demonstrate fulfillment of any of the above criteria. Therefore, the request is not medically necessary.