

Case Number:	CM15-0088174		
Date Assigned:	05/12/2015	Date of Injury:	07/22/2009
Decision Date:	08/06/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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:

This 67 year old male sustained an industrial injury to bilateral shoulders on 7/22/09. In a progress note dated 11/24/14, the injured worker complained of left shoulder pain with weakness, difficulty sleeping and difficulty performing activities of daily living. The physician noted that the injured worker had not had any left shoulder physical therapy. The treatment plan included left shoulder magnetic resonance imaging and a course of physical therapy. Magnetic resonance imaging left shoulder (12/6/14) showed a complete supraspinatus tear with retraction to the level of the glenohumeral joint and a, two-thirds full thickness retracted tear of the infraspinatus tendon with tendinosis and osteoarthritis. In a PR-2 dated 4/23/15, the injured worker had completed six physical therapy visits without significant improvement. Physical exam was remarkable for tenderness to palpation over the anterior rotator cuff, mild acromioclavicular joint and bicipital tenderness, positive impingement sign, positive grind sign with rotator cuff and deltoid weakness. Current diagnoses included status post right shoulder arthroscopy with rotator cuff repair, left rotator cuff tendinitis with impingement syndrome and rotator cuff tear and right brachioplasty. The treatment plan included left shoulder reverse total shoulder arthroplasty with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder reverse total shoulder arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, arthroplasty.

Decision rationale: The California MTUS guidelines recommend surgery after months of conservative treatment if there is clear clinical and imaging evidence of the presence of a lesion shown to respond both in the short and long term to surgical repair. Such evidence is not found in the documentation. The ODG guidelines note that arthroplasty would be recommended if the patient were noted to have significant complaints of night pain. Only one office note is found with this complaint. No discussion of the medical management is found in multiple office visits. The requested treatment: Left shoulder reverse total shoulder arthroplasty, inpatient 1 day 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.

Post-op physical therapy, 2 times 6: 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: vascultherm 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: Bledsoe arc 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.

Percocet 10/325 mg #90: 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.

Oxycontin 10 mg #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.