

Case Number:	CM14-0123555		
Date Assigned:	08/08/2014	Date of Injury:	03/10/2010
Decision Date:	09/30/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 51-year-old female with reported history of March 2010. Exam dated 6/24/2014 demonstrates patient with diagnosis of left shoulder rotator cuff tear and left shoulder superior labral anterior posterior tear. Treatment plan includes left shoulder arthroscopy, subacromial decompression, rotator cuff repair, SLAP repair, biceps tenodesis and postoperative physical therapy. Exam note on 5/27/14 demonstrates pain level varies in intensity. Exam of the shoulder demonstrates left shoulder crossover test is positive, empty can test is negative. Tenderness is noted in the acromioclavicular joint and biceps groove. Normal neurologic examination is noted. Prior utilization review on 7/7/14 notes denial of left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abduction 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.

PO Ice Machine: 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.