

Case Number:	CM14-0135114		
Date Assigned:	08/29/2014	Date of Injury:	04/18/2014
Decision Date:	10/08/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/21/2014

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:

The injured worker is a 51 year old female who reported an injury to her left shoulder. The mechanism of injury is listed as a trip and fall. No description of the initial injury was provided in the clinical documentation. Clinical note dated 04/28/14 indicated the injured worker continuing with complaints of left shoulder pain. Pain was exacerbated with overhead activities. The injured worker stated it was difficult to raise her arm above shoulder level. Clinical note dated 06/02/14 indicated the injured worker complaining of tenderness throughout the left shoulder. The injured worker demonstrated 90 degrees of left shoulder flexion with 20 degrees of extension and 90 degrees of abduction. Magnetic resonance image of the left shoulder dated 07/03/14 revealed a moderate tear of the supraspinatus without atrophy. Low grade intrasubstance tear was identified at the infraspinatus. Low grade tear was identified at the subscapularis. Subacromial and subdeltoid bursitis was further revealed. Tendinosis was identified at the biceps tendon just beyond the pulley. Therapy note dated 07/22/14 indicated the injured worker completing 16 physical therapy sessions to date addressing the left shoulder. The initial therapy started on 05/20/14. Utilization review dated 08/08/14 resulted in a denial for shoulder surgical intervention as insufficient information was submitted regarding the likely benefit for the surgical proposed surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, possible arthroscopic versus open rotator cuff repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-12.

Decision rationale: The request for Left shoulder arthroscopy, possible arthroscopic versus open rotator cuff repair is not medically necessary. The injured worker complained of left shoulder pain. The injured worker experiences range of motion deficits. However, no information was submitted regarding specific provocative findings confirming rotator cuff involvement including pain with active arc of motion and specific complaints of pain at night. Additionally, it appears the injured worker completed a two month course of conservative treatment. No information was submitted regarding completion of a full three month course of treatment. Given this, the request is not indicated as medically necessary.

Decompression with acromioplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-12.

Decision rationale: Given the inadequate information of completion of a full three month course of conservative treatment, the additional request for acromioplasty is not medically necessary.

Resection of corocoacromial ligament and/or bursa as indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-12.

Decision rationale: Given that the proposed surgical interventions are not medically necessary, the additional requests are likewise not medically necessary.

Distal clavical resection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 209-12.

Decision rationale: Given that the proposed surgical interventions are not medically necessary, the additional requests are likewise not medically necessary.

Biceps tenodesis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-12.

Decision rationale: Given that the proposed surgical interventions are not medically necessary, the additional requests are likewise not medically necessary.

Pre-op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general

Decision rationale: Given that the proposed surgical interventions are not medically necessary, the additional requests are likewise not medically necessary.

Post-op PT (x 18): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Given that the proposed surgical interventions are not medically necessary, the additional requests are likewise not medically necessary.

Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cryotherapy

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, Continuous-flow cryotherapy

Decision rationale: Given that the proposed surgical interventions are not medically necessary, the additional requests are likewise not medically necessary.

E-stim (x 90 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC-Shoulder

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, Electrical stimulation

Decision rationale: Given that the proposed surgical interventions are not medically necessary, the additional requests are likewise not medically necessary.

Sling with large abduction pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder

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, Postoperative abduction pillow sling

Decision rationale: Given that the proposed surgical interventions are not medically necessary, the additional requests are likewise not medically necessary.

CPM unit (x 45 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC-Shoulder

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, Continuous passive motion (CPM)

Decision rationale: Given that the proposed surgical interventions are not medically necessary, the additional requests are likewise not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery-Acromioplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: 1.) American Association of Orthopaedics Surgeons Position Statement
Reimbursement of the First Assistant at Surgery in Orthopaedics
<http://www.aaos.org/about/papers/position/1120.asp> (date accessed: 7/10/2013)

Decision rationale: Given that the proposed surgical interventions are not medically necessary, the additional requests are likewise not medically necessary.