MAXIMUS Federal Services

Case Number:	CM14-0144076		
Date Assigned:	09/12/2014	Date of Injury:	05/09/2012
Decision Date:	10/31/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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 Orthopaedic 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:

This 41-year-old male sustained an industrial injury on 5/9/12. The mechanism of injury was not documented. Past surgical history was positive for right shoulder arthroscopy, labral debridement, biceps tenodesis, rotator cuff repair and bursectomy on 7/19/12. The 7/9/14 treating physician report indicated that the patient presented with anterior shoulder pain when using the biceps, and pain on top of the shoulder with any overhead work. He was last seen for the right shoulder on 3/11/13. There was painful popping, cracking and momentary catching with certain motions. Physical exam documented flexion to 180 with pain, and abduction to 160 with pain and catching. Strength was normal. Neer, Hawkins, and impingement tests were positive. The treatment plan recommended ice, over-the-counter medications, home exercise, and physical therapy 2x3. The 8/6/14 orthopedic report cited clicking, catching, popping and severe pain in the shoulder. Mechanical symptoms were reported disabling. Physical exam documented forward flexion 170, abduction 170, adduction 40, extension 30, and external rotation 40 degrees, with internal rotation to the upper lumbar region. Rotational motion caused a palpable clicking, popping and pain. Motor testing demonstrated 5/5 shoulder strength. There was no tenderness to palpation. The treating physician opined that conservative treatment (injections, physical therapy, or medication) would not relieve the mechanical symptoms and opined surgery was the only option. Authorization was requested for right shoulder arthroscopy, debridement. The patient was working full duty with difficulty with overhead arm rotation. The 8/25/14 utilization review denied the right shoulder arthroscopic debridement and associated physical therapy as there was no documentation of conservative treatment or imaging evidence indicating abnormal pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Rotator Cuff Repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Guideline criteria have not been met. There is no current imaging evidence of a surgical lesion. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Post- Op 4 sessions of physical therapy: 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.