MAXIMUS Federal Services

Case Number:	CM14-0087041		
Date Assigned:	07/23/2014	Date of Injury:	07/10/2013
Decision Date:	09/25/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/10/2014

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 Physical Medicine & Rehabilitation and Pain Medicine 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 45-year-old male with date of injury of 07/10/2013. The listed diagnoses per Dr. [redacted] dated 05/13/2014 are: myalgia and myositis, unspecified, degeneration of the cervical intervetebral disk, Effusion of the joint site, unspecified, disorders of the bursae and tendons of the left shoulder, displacement of the cervical intervetebral disk without myelopathy, sprain of the lateral collateral ligament of the knee. According to progress report 05/13/2014 by Dr. [redacted], the patient presents with neck pain and left shoulder pain with weakness into the left arm. The left shoulder pain radiates to the left upper extremity with crepitus noted. Pain is worse with lifting above the shoulder level with radiation to the hand. Examination of the cervical spine revealed decreased range of motion. Examination of the left shoulder revealed positive Yergason's test and Apprehension test. MRI of the left shoulder from 04/25/2014 revealed, "tendinosis and edema of the rotator cuff with a partial tear, fluid in the subdeltoid and biceps tendon sheath, moderate impingement." Dr. [redacted], "patient saw Dr. [redacted] today and has recommended Lt shoulder surgery." Request for Authorization dated 05/13/2014 requests, left shoulder surgery per Dr. [redacted]. The utilization review denied the request on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Indications for SurgeryÃ¤ -- Acromioplasty.

Decision rationale: This patient presents with neck and left shoulder pain. Dr. [redacted] states, "patient saw [redacted] today and has recommended Lt shoulder surgery." There are no further specifications of the requested shoulder surgery and there are no progress reports by Dr. [redacted]. Utilization review denied the requesting stating there are no clinical and imaging to support the requested surgery. The ACOEM Guidelines page 209 provides the following criteria for shoulder surgery, red flag condition, activity limitations, failure to increase ROM and strength, and clear clinical and imaging of lesion. In this case, MRI findings revealed partial tear and moderate impingement but the treater provides no discussion of activity limitations or failure to increase ROM and strength. ODG requires for both rotator cuff repair and Acromioplasty, 3 to 6 months of conservative care with "treatment directed toward gaining full ROM." Furthermore, without the surgeon's evaluation of the patient and discussion regarding the requested surgery, recommendation cannot be fully considered. Therefore, request is not medically necessary.