

Case Number:	CM14-0097480		
Date Assigned:	07/28/2014	Date of Injury:	11/27/2006
Decision Date:	09/16/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/25/2014

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 General 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 61 year old male was injured 11/27/06. Arthroscopic right shoulder surgery was done in 2008. Apparently he had a decent result as it was not until 2012 when there is a note stating that the patient is requesting repeat right shoulder surgery. Physical therapy for the shoulder has been discussed but there is not a record that there has been any therapy with respect to the right shoulder since 2008. He has had both cervical and lumbar spine surgery as well as epidurals. A recent steroid injection had been beneficial for about two weeks. Since the cervical spine surgery, his arm numbness has resolved. He does not have neck stiffness. There is limitation of motion with respect to the shoulder and he has examination findings consistent with impingement. The shoulder surgeon released him back to the PCP in 2/2014 to continue physical therapy. A right shoulder MRI 9/2013 demonstrated evidence of past surgery, subacromial subdeltoid bursitis, mild supraspinatus tendinosis, degenerative arthritis of the acromioclavicular and glenohumeral joint. The diagnoses are cervical disc herniation, carpal tunnel syndrome, lumbar disc protrusions and radiculopathy, anxiety and sleep disorders, and recurrent acromioclavicular arthrosis. The request was for repeat right shoulder arthroscopy with subacromial decompression; a sling; postoperative physical therapy x 8; and post op medications. This request was denied on the basis that the patient had not had a trial of physical therapy in over a year. A complicating factor is that the patient is using a cane as an ambulatory assist in his right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Shoulder Chapter-Surgery for Impingement Syndrome.

Decision rationale: This patient apparently benefited from the 2008 shoulder impingement surgery. He has recently again become symptomatic after having had both cervical and lumbar spine surgery. Complicating this is that for some reason not documented, he uses a walking assist in his right hand. A steroid injection failed to be of benefit beyond 2 weeks. Treatment has been intermittent and not continuous and there has not been any physical therapy for at least a year. History and right shoulder examination does support the diagnosis but there has not been documented failure of conservative management. Based on the above given guidelines, the request for Right shoulder arthroscopy with subacromial decompression is not medically necessary and appropriate.

Post-operative Shoulder 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.

Post-op Physical Therapy twice weekly for 4 weeks for right shoulder: 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.

Zofran (unspecified quantity and dosage): 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.

Norco (unspecified quantity and dosage): 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.

Duracef (unspecified quantity and dosage): 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.

Sprix Nasal Spray 15.75mg, 40 units-5bottles: 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.