

Case Number:	CM14-0014336		
Date Assigned:	02/26/2014	Date of Injury:	05/07/2011
Decision Date:	01/02/2015	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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 33 year old female who was injured while at work on May 7, 2011, injuring her right shoulder causing decrease strength to her right hand with persistant pain and weakness of the right shoulder. Diagnosis include carpal tunnel syndrome, pain in joint hand, pain in joint shoulder, and rotator cuff syndrome. Treatment modalities were therapy, acupuncture, wrist brace, diagnostics, and cortisone injections. Past medical surgeries included knee surgery and shoulder surgery. There was an abnormal nerve conduction study showing right mild compression of the median nerve at the carpal tunnel by electrodiagnostic criteria. The injured worker currently takes Tramadol, Vicoden, and ibuprofen. As of April 2, 2013, the injured worker was noted to have full range of motion. Progress notes dated October 7, 2013 indicated right shoulder arthroscopy was pending and was wearing a wist brace and taking medications. Utilization review dated January 30, 2014 made reference that right shoulder arthroscopy was not indicated for patients with mild symptoms or those who have no activity limitations. Furthermore without diagnostic studies including an recent Magnetic Resonance Imaging, treatment could not be established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right shoulder arthroscopy and subacromial decompression (sad): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Shoulder, Acromioplasty surgery.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The Official Disability Guidelines (ODG) shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 10/7/13. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. Therefore the treatment is not medically necessary and appropriate.

Pre-operative medical clearance: 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-operative physical therapy three (3) times per week over four (4) weeks qty: 12.00:
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.