

Case Number:	CM14-0201158		
Date Assigned:	12/11/2014	Date of Injury:	04/05/2012
Decision Date:	01/27/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/01/2014

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 New York. 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 patient has a date of injury of April 1, 2012. The patient injured the left shoulder. Physical examination shows symmetrical shoulders in appearance with no prominences. There is tenderness over the shoulder region on the left side. This decreased range of shoulder motion. The shoulder strength is 4/5. MRI of the left shoulder shows tendinosis and osteoarthritis of the a.c. joint. Patient had left shoulder cortisone injection which short-term benefit. The patient has had previous anterior cervical fusion. At issue is whether additional left shoulder surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic examination, decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: MTUS shoulder pain chapter

Decision rationale: This patient does not meet criteria for shoulder surgery at this time. Specifically there is no documented recent canal and failure of conservative measures to include

physical therapy. In addition there are no red flag indicators for shoulder surgery such as complete rotator cuff tear. The medical records do not document significant shoulder pathology on MRI imaging and physical examination that would warrant surgery at this time. The surgery is not medically necessary at this time and guidelines not met.

Debridement, Calcivectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: mtus shoulder pain chapter

Decision rationale: This patient does not meet criteria for shoulder surgery at this time. Specifically there is no documented recent canal and failure of conservative measures to include physical therapy. In addition there are no red flag indicators for shoulder surgery such as complete rotator cuff tear. The medical records do not document significant shoulder pathology on MRI imaging and physical examination that would warrant surgery at this time. The surgery is not medically necessary at this time and guidelines not met. Also, there is no clear diagnosis of a.c. joint pain on physical examination. There is no clear diagnosis of advanced a.c. joint osteoarthritis.

Associates Surgical Services: Post-Operative Physical Therapy times 12 visits of the Left 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 surgery is not medically necessary, then all other associated items are not needed.

Associates Surgical Services: 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 surgery is not medically necessary, then all other associated items are not needed.

DME; Cold Therapy times 7 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: odg shoulder chapter

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.