

Case Number:	CM14-0210683		
Date Assigned:	12/23/2014	Date of Injury:	03/06/2013
Decision Date:	02/23/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 who reported an injury on 03/06/2013. The mechanism of injury was not provided. On 10/21/2014, the patient presented with complaints of pain to the left shoulder with difficulty with activities of daily living and stated that pain is increased with the use of the left arm. Upon examination of the left shoulder, there were range of motion values of 140 degrees of flexion, 35 degrees of extension, 135 degrees of abduction, 35 degrees of adduction, 60 degrees of internal rotation, and 70 degrees of external rotation. There was a positive drop arm test and a positive impingement sign. The diagnoses were status post left shoulder open rotator cuff repair (05/23/2013), cervical spine strain/sprain, and right and left wrist and hand sprain/strain. The provider recommended an arthroscopy with subacromial decompression and possible rotator cuff repair with preop medical clearance, the use of a hot/cold unit, and a shoulder sling with an abduction sling. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with Subacromial Decompression and Possible Rotator Cuff Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209-211.
Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder chapter

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

Decision rationale: The request for an arthroscopy with subacromial decompression and possible rotator cuff repair is not medically necessary. The California MTUS/ACOEM Guidelines state that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Referral for surgical consultation would be indicated with patients who have activity limitations for more than 4 months with existence of a surgical lesion, red flag conditions, failure to increase range of motion and strength of musculature around the shoulder (even after exercise programs), and clear clinical and imaging evidence of a lesion that has been shown to benefit in both short and long term from surgical repair. The included medical document notes subjective findings of pain in the shoulder and objective findings of impingement. There was a lack of documentation of nocturnal pain and weakness or absence abduction with tenderness noted over the rotator cuff or anterior acromial area. There was no information on if the injured worker had failed cortisone injections prior to surgical recommendations. As such, medical necessity has not been established. The request for an arthroscopy with subacromial decompression and possible rotator cuff repair is not medically necessary.

Pre-Op Medical Clearance, ECG: 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.

Hot Cold Contrast Unit: 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.

Shoulder Sling with an Abduction 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.