

Case Number:	CM14-0214152		
Date Assigned:	01/07/2015	Date of Injury:	01/16/2014
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/22/2014

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 54-year-old male who reported an injury on 01/16/2014 due to an unspecified mechanism of injury. On 09/29/2014, he presented for a followup evaluation regarding his shoulder. It was stated that he had attended 24 sessions of physical therapy and felt like he was making progress, but that he was lacking strength. Objective findings included 160 degrees of forward flexion and 140 degrees of abduction with 4/5 strength in terms of resistance to those motions. It was stated that he was status post rotator cuff repair of the right shoulder on 07/18/2014. On 11/05/2014, he presented for an additional followup evaluation. He was deemed temporarily and totally disabled for at least 2 months. It was also stated that his progress was being closely monitored. Information regarding his medications, diagnostic studies, and relevant diagnoses was not provided for review. The treatment plan was for a right shoulder arthroscopic lysis of adhesions and manipulation under anesthesia, preoperative appointment, and postoperative therapy. The Request for Authorization form was signed on 11/07/2014. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic lysis of adhesions and manipulation under anesthesia:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Complaints and Manipulation Under Anesthesia

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The CA ACOEM Guidelines state that a referral for a surgical consultation may be indicated for those who have red flag conditions; activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase range of motion and strength even after exercise programs, plus existence of a lesion; and for those who have clear clinical and imaging evidence of a lesion. There is a lack of documentation showing a recent physical examination of the injured worker to show that he has any significant functional deficits indicating the need for the requested procedure. In addition, no updated imaging studies were provided for review to support that the injured worker has the existence of a lesion or deficit that has been shown to benefit from surgical repair. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Pre-Op Appointment with [REDACTED] for surgery clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Op Therapy 2 times a week for 4 weeks, 8 sessions.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.