MAXIMUS Federal Services

Case Number:	CM14-0215156		
Date Assigned:	01/15/2015	Date of Injury:	10/18/2011
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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: New York
Certification(s)/Specialty: Neurological Surgery

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 36 year old deputy sheriff had an injury when he was making an arrest with a combative subject on 10/18/2011, twisting his left shoulder. The diagnosis on the PR2 from 10/21/2011 was a left shoulder strain. Exam then showed a full range of motion with minimal pain. Documentation from 06/11/2014 shows complaints of pain in shoulders at sleep, difficulty with self care. working, typing and complaints of low back pain radiating into his buttock and leg. The back pain was interfering with sleep and sex. He could left 30 pounds, walk a half mile and stand 1-2 hours, grocery shop for an hour. Past medical history indicated prior shoulder pain in 2000. On 08/29/2014 he received a steroid injection in his shoulder and was advised to use heat and cold and resume exercises and activity. Documentation does not indicate muscle strengthening activity or details of a home exercise program. His PR2 of 9-18 indicated tramadol 50 mg was prescribed twice a day and stretching exercises advised. He was kept off work the month of October. The PR2 of 10/9 indicated a smooth gait, no pelvic tilt but limited lumbar flexion and extension with weakness of his extensor halluces longus. He was prescribed Norco 5/325. On 11/7/2014 he was given a return to limited light duty. Utilization review denied the request for left shoulder arthroscopy, subacromial decompression, preoperative clearance and cold therapy unit rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204.

Decision rationale: Chapter 9 in the California MTUS outlines the therapeutic approach to workers with shoulder pain. Documentation does not show these guidelines have been followed. There is mention of only one local anesthetic and steroid injection and no diagnostic injections to distinguish pain source.(p.204) There is no mention of a muscle strengthening exercise program (p.203) Shoulder arthroscopy and decompression is not medically necessary or appropriate.

Associated Surgical Services- Subacromial Decompression at [redacted] Surgery Center: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,204.

Decision rationale: Chapter 9 in the California MTUS outlines the therapeutic approach to workers with shoulder pain. Documentation does not show these guidelines have been followed. There is mention of only one local anesthetic and steroid injection and no diagnostic injections to distinguish pain source.(p.204) There is no mention of a muscle strengthening exercise program (p.203) Shoulder arthroscopy and decompression is not medically necessary or appropriate.

Associated Surgical Services- Pre-Op clearance with [redacted]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

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.

Associated Surgical Services- Cold therapy unit x30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continous-flow cryotherapy

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.

Associated Surgical Services- Outpatient Post-op 8 sessions of Physical therapy (2x for 4weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.