

Case Number:	CM15-0002167		
Date Assigned:	01/13/2015	Date of Injury:	03/03/2014
Decision Date:	03/12/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/05/2015

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 40-year-old male who reported an injury on 03/03/2014. The mechanism of injury occurred while the injured worker was shoveling dirt into a hole, he slipped and fell into the hole and landed on his right side. The diagnoses included upper extremity subluxation, arm and shoulder sprain/strain, cervical injury. The prior treatments included physical therapy, left shoulder surgery, and right shoulder surgery. The documentation indicated this request was previously denied because there were no additional objective findings in the most recent report on file dated 12/15/2014. The injured worker had complaints of right shoulder pain, numbness, weakness in the arm, increased lower back pain with leg pain, and numbness and tingling. The documentation further indicated the MRI revealed a rotator cuff tear. The request was denied due to no physical examination findings, including positive provocative maneuvers to warrant authorization of surgery. However, the documentation that was noted was dated 12/15/2014 was not supplied for this review. The supplied documentation was related to the knee and the lumbosacral spine. There was no Request for Authorization submitted for review nor official physician documentation requesting surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder 2nd surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a referral for a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months plus the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There was no physician documentation submitted for review related to the shoulder. The request as submitted failed to indicate the specific procedure being requested to support the application of specific guidelines. There was a lack of documented objective findings related to the shoulder submitted for review. Given the above, the request for right shoulder second surgery is not medically necessary.