

Case Number:	CM15-0110465		
Date Assigned:	06/17/2015	Date of Injury:	01/21/2015
Decision Date:	07/15/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 49 year old male who sustained an industrial injury on 1/21/15 when he fell from a ladder injuring his left ankle. He sustained an open deformed left ankle. He currently complains of right shoulder pain especially when using crutches and in physical therapy; left distal tibial pain; pain in the right lateral thigh; numbness of the left foot. On physical exam the left shoulder has painful passive and active range of motion; the left lower extremity is tender along the distal tibia; there is edema of the distal leg and foot. He ambulates with crutches. He uses Excedrin for pain. Diagnoses include open left tibial pilon fracture, distal fibula fracture, status post multiple surgeries, open reduction internal fixation (1/21/15); right rotator cuff and long head biceps tendon tear; right lower extremity sciatica. Treatments to date include fracture brace for the left lower extremity. Diagnostics include x-ray (1/21/15) of the left ankle shows comminuted tibial and fibular fracture; x-rays of the distal left tibia/fibula (no date) show no hardware failure; MRI of the right shoulder (5/13/15) shows a full rupture of the proximal long biceps tendon with retraction into the upper arm. On 2/2/15 the treating provider requested right shoulder open rotator cuff repair and decompression; postoperative physical therapy 2-3 times per week for 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Open right rotator cuff repair and decompression: Upheld

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

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

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, pages 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the worker has started therapy recently documented on 5/28/15. Based on the duration of time from therapy to request for surgery, 3-6 months of conservative care have not been documented to have failed. Based on this, the request is not medically necessary.

18 post-operative physical therapy sessions: Upheld

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

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

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