

Case Number:	CM15-0111900		
Date Assigned:	06/18/2015	Date of Injury:	12/26/2012
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/10/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41-year-old female, who sustained an industrial injury on 12/26/2012. She reported a repetitive stress/strain injury to her left shoulder. The injured worker is currently working. The injured worker is currently diagnosed as having MRI scan confirmed left anterior labral tear with subacromial impingement syndrome status post repetitive stress/strain injury. Treatment and diagnostics to date has included left shoulder MRI which showed left anterior labral tear with subacromial impingement, physiotherapy, cortisone injection, and anti-inflammatory and analgesic medications. In a progress note dated 04/03/2015, the injured worker presented with complaints of 10 out of 10 left shoulder pain and wishes to proceed with shoulder surgery. Objective findings include slightly decreased left shoulder range of motion with tenderness. The treating physician reported requesting authorization for bone anchors and a pneumatic compressor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone anchors x 4 units: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internal fixation. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Indications for internal fixation: Definite indications. Undisplaced intracapsular fractures. Partially displaced intracapsular fractures. Displaced intracapsular fractures in the 'young.' Possible/occasional indications. Displaced intracapsular fractures in the elderly. Displaced intracapsular fractures in those unfit for arthroplasty. Displaced intracapsular fractures in patients taking anti-coagulation medication. Displaced intracapsular fractures in patients at risk of sepsis. Surgery is generally inappropriate. Pathological fractures. Fracture secondary to Paget's disease. Metabolic bone disease. Patients with rheumatoid arthritis. Significant arthritis of the hip-Late diagnosed displaced intracapsular fracture. There is no documentation supporting the use of internal fixation (Bone anchor) in this case. There is no documentation of displaced fracture. Therefore, the request for Bone anchors x 4 units is not medically necessary.

Pneumatic compressor: 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), TWC/ODG Integrated treatment//Disability Duration guidelines; Knee & Leg (Acute & Chronic) Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Compression garments. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Compression garments "Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. (Edgar, 2012) Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. (Saleh, 2013) Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon. (Madhusudhan, 2013) See Venous thrombosis in this chapter. See also Compression garments and Venous thrombosis in the Knee Chapter. " There is no documentation that the patient is at increasing risk for DVT and the request for Pneumatic compressor is not medically necessary.