

Case Number:	CM15-0128486		
Date Assigned:	07/15/2015	Date of Injury:	04/13/2013
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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 44 year old male, who sustained an industrial injury on 4/13/2013. The mechanism of injury was pushing and pulling cable. The injured worker was diagnosed as having a right shoulder partial thickness rotator cuff tear, status post labral tear, possible long head of biceps tenosynovitis, subacromial bursitis and right shoulder bursal scarring. There is no record of a recent diagnostic study. Treatment to date has included right shoulder arthroscopy in 2013, physical therapy and medication management. In a progress note dated 5/5/2015, the injured worker complains of right shoulder pain and weakness with decreased range of motion. Physical examination showed right shoulder bicipital groove tenderness with decreased range of motion. The treating physician is requesting right shoulder diagnostic arthroscopy, pre-operative clearance and 20 visits post-operative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) shoulder diagnostic arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Impingement surgery.

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: CA MTUS/ACOEM is silent on the issue of diagnostic knee arthroscopy. Per ODG knee, the criteria to consider diagnostic arthroscopy of the knee are conservative care (medications or PT) and subjective clinical findings & imaging findings are equivocal. In this case, the recent MRI 2/3/15 is not equivocal. It shows no surgical lesion. Based on this the request is not medically necessary.

Pre-op clearance: 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 Official Disability Guidelines (ODG) shoulder.

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

Post-op therapy (x20): 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 Official Disability Guidelines (ODG) shoulder.

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