

Case Number:	CM15-0129095		
Date Assigned:	07/15/2015	Date of Injury:	01/05/2013
Decision Date:	08/13/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/02/2015

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 was a 31 year old male, who sustained an industrial injury, January 5, 2013. The injured worker was working as a core driller when the left shoulder was jerked by a machine. The injured worker previously received the following treatments left shoulder SAS injection made the pain throb more after it wore off in an hour and left shoulder MRI and left shoulder x-rays. The injured worker was diagnosed with left shoulder MRI which showed SLAP tear with small split in the insertion of the infraspinatus and subscapularis, no full thickness tear with mild capsulitis and the left shoulder AP, lateral, auxiliary views were reviewed and revealed AC joint degeneration. According to progress note of May 13, 2015, the injured worker's chief complaint was pain in the right. The injured worker was having trouble lifting a child with the right hand. The injured worker was having moderate sharp pain, which was worse with lifting. The physical exam of the left shoulder noted a very muscular shoulder. There was no tenderness with palpation in the biceps groove. There was mild tenderness with palpation over the AC joint. The range of motion with forward flexion was 170 degrees with a pop. Abduction was 170 degrees, internal rotation was 80 degrees and external rotation was 80 degrees. The motor strength of the supraspinatus, infraspinatus and subscapularis were 4 out of 5. The Obrien's test was positive along with the Pell-off testing. The treatment plan included left shoulder acromio/clavicular prefab fit and adjusted water circulation cold pad with pump, arthroscopic surgery for repair of SLAP lesion of the left shoulder unlisted therapeutic procedure and preoperative physical therapy to speed recovery post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder SLAP repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG shoulder.

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 Shoulder Chapter, page 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. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. In this case there is insufficient evidence to warrant labral repair secondary to lack of documentation of conservative care. Therefore request is not medically necessary.

Preoperative physical therapy #2: 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.

Sling: 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.

Rental of cold therapy unit x 7-days: 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 operative physical therapy #12: 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.

Associated surgical service: Assistant surgeon: 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.