MAXIMUS Federal Services

Case Number:	CM15-0170269		
Date Assigned:	09/17/2015	Date of Injury:	05/13/2014
Decision Date:	11/16/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/28/2015

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 41 year old male, who sustained an industrial injury on 5-13-14. The injured worker has complaints of constant right shoulder pain. The documentation noted on 6-24-15 the injured workers pain rating was 5 to 8 out of 10. The pain is aggravated at night. Activity above the shoulder level increases his pain and cannot perform activities above the shoulder level. Range of motion was painful at the right shoulder. There was still tenderness noted at the anterior aspect of the right shoulder and subacromial bursitis. Abduction of the shoulder is associated with complain of pain. Magnetic resonance imaging (MRI) on 10-13-14 revealed severe rotator cuff tendinosis with a 3 X 5 millimeter crescent shaped footprint tear of the mid to anterior supraspinatus fraying of direct superior and posterior labrum undermining the biceps, without detachment and degenerative changes of acromioclavicular (AC) joint. The diagnoses have included right rotator cuff tear; tendonitis at the right shoulder; degenerative changes of the acromioclavicular (AC) joint joints and right subacromion bursitis. Treatment to date has included Motrin and Voltaren gel. The original utilization review (7-20-15) partially approved a request for right shoulder arthroscopic surgery, subacromial decompression, repair of the rotator cuff and Mumford as an outpatient; pre-operative clearance; post-operative durable medical equipment (DME) shoulder immobilizer and post-operative durable medical equipment (DME) cold therapy unit 7 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic surgery, subacromial decompression, repair of the rotator cuff and Mumford as an outpatient: 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); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

Decision rationale: Based upon the CA MTUS Shoulder Chapter, pages 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviculectomy, states surgery is indicated for post traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case, there is no evidence of improvement with injection into the AC joint. The request is not medically necessary.

Pre-operative clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-operative DME: Shoulder Immobilizer: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-operative DME: Cold therapy unit 7 day rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.