

Case Number:	CM15-0170801		
Date Assigned:	09/18/2015	Date of Injury:	06/23/2015
Decision Date:	11/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/31/2015

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 (IW) is a 52 year old male who sustained an industrial injury on 06-23-2015. Medical records indicate that he had a MRI with contrast 07-15-2015 that the radiologist interpreted as showing a slap tear with avulsion and retraction of the biceps anchor, no evidence of rotator cuff tear, and mild degenerative changes of the acromioclavicular joint. Treatment to date has included oral medications of hydrocodone-Acetaminophen, Ibuprofen, and Methocarbamol. In the provider notes of 09-11-2015, the injured worker complains of pain in the right lateral shoulder that he describes as moderate in severity. The pain exacerbates with shoulder movement. On exam, the right shoulder has tenderness in the supraspinatus muscle, painful active range of motion 150 degrees, painful abduction with active range of motion 130 degrees. Shoulder strength is normal bilaterally, and neurovascular function is intact. The worker is on light duty. A request for authorization was submitted for: 1. Surgery Arthroscopy, Distal Clavicle Resection, Subacromial Decompression, RCT Repair, Slap repair, Possible Open, Right Shoulder. 2. Associated surgical service: Surgical Assistant. 3. Post-Operative Physical Therapy Three times a week for six weeks, Right Shoulder QTY: 18. 4. Post-Operative Vicodin ES 7.5-325 QTY: 90. 5. Post-Operative Sling for Two Weeks, Right Shoulder. A utilization review decision 07/28/2015 denied the request for surgery and all of the associated surgical and post-operative requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Arthroscopy, Distal Clavicle Resection, Subacromial Decompression, RCT Repair, Slap repair, Possible Open, Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Surgery for ruptured biceps tendon, Surgery for SLAP lesions.

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 imaging does not demonstrate full thickness rotator cuff tear. The request is not medically necessary.

Associated surgical service: Surgical Assistant: 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 Physical Therapy Three times a week for six weeks, Right Shoulder QTY: 18: 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 Vicodin ES 7.5-325 QTY: 90: 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 Sling for Two Weeks, Right Shoulder: 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.