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| Case Number: | CM15-0172783 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 04/21/2015 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 09/02/2015 |

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 is a 35 year old male who sustained an industrial injury on 4-21-2015. Medical records indicate the injured worker is being treated for right shoulder strain, right shoulder pain, right shoulder injury, internal derangement of the right shoulder, and history of rotator cuff tear. Medical records dated 7-7-2015 noted an MRI dated 5-8-2015 revealed a probable re injury to his glenoid labrum. The pain was noted as unchanged at 9 out of 10. Pain worsens with any use of movement. Progress report dated 5-5-2015 rated pain a 7 out of 10. Physical examination dated 7-7-2015 noted moderate to severe tenderness and mild swelling to the superior-posterior-lateral region with decreased range of motion. Abduction was at 25 degrees, flexion at 20 degrees, and extension was at 10 degrees. Treatment has included at least 1 visit of physical therapy, injection, and Vicodin since at least 5-8-2015. Utilization review form dated 7-28-2015 noncertified 12 sessions of physical therapy, Vicodin, and right shoulder arthroscopy with treatment based on findings with superior labrum anterior posterior repair or resection and preoperative labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with superior labrum anterior posterior repair or resection:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine.

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: 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. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions, and for Type IV lesions if more than 50 percent of the tendon is involved. See SLAP lesion diagnosis. In this case there is evidence of a recurrent SLAP tear, but no evidence of attempt at treatment with conservative care in a comprehensive fashion. The request is not medically necessary.

Pre-op labs: 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.

12 sessions of post-operative physical therapy 3 times a week for 4 weeks to the 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.

Post-operative Vicodin 5/300mg #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.