

Case Number:	CM15-0038102		
Date Assigned:	03/09/2015	Date of Injury:	11/07/2012
Decision Date:	05/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/28/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 58-year-old male who reported an injury on 11/07/2012. The injured worker was reportedly standing in front of a wall when it began to crumble, and he attempted to catch it with both upper extremities. The injured worker is currently diagnosed with other affections of the shoulder, sprain/strain of the shoulder, and unspecified disorder of bursa and tendons. The latest physician progress report submitted for review is documented on 11/07/2014. The injured worker presented for a follow-up evaluation with complaints of persistent shoulder pain with radiating symptoms and tenderness. The injured worker was utilizing naproxen and Voltaren gel. Upon examination, there was tenderness over the AC joint and anterior aspect of the right shoulder, 100 degree abduction, positive Neer and Hawkins sign, flexion to 110 degrees, extension to 20 degrees, external rotation to 60 degrees, and internal rotation to 50 degrees. Recommendations included a right shoulder subacromial/AC joint injection. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Arthroscopy with subacromial decompression (Right Shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209 and 210.

Decision rationale: The California MTUS Guidelines state a referral for a surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. There was no documentation of an exhaustion of conservative management prior to the request for a shoulder arthroscopy. There were no official imaging studies provided for this review. Given the above, the request is not medically appropriate at this time.

Pre-operative medical clearance to include CBC (complete blood count), CMP (comprehensive metabolic panel), UA (urinalysis), and PT/PTT (prothrombin time/partial thromboplastin time): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Medical clearance: Cardiac clearance: 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); Low Back Chapter.

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

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

Post-operative Physical Therapy, 2 times weekly for 8 weeks, 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 (ODG); Low Back chapter and Shoulder Chapter.

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

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

Norco 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

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

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