

Case Number:	CM15-0044206		
Date Assigned:	03/17/2015	Date of Injury:	03/03/2013
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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

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 54-year-old female who reported an injury on 03/03/2013. The mechanism of injury was continuous trauma. She was diagnosed with status post right shoulder surgery with residual or recurrent internal derangement. Her past treatments were noted to include medications surgery, and physical therapy. Her diagnostic studies included an MR arthrography of the right shoulder, performed on 12/18/2014, which was noted to reveal mild tendinopathy of the supraspinatus tendon. There was no evidence of any full thickness rotator cuff tear of the right shoulder. On 02/16/2015, the injured worker had an orthopedic re-evaluation. The injured worker complained of persistent increasing pain and stiffness to her right shoulder with pain radiating into her right upper arm and upper back. She also reported weakness in the shoulder. On physical examination of the right shoulder, she was noted to have well healed surgical scarring. There was no erythema, ecchymosis, or gross deformity. There was significant tenderness to palpation over the anterolateral and posterosuperior aspects of the shoulder, right trapezius, and right levator scapulae. Range of motion remained limited, with flexion to 120 degrees, extension to 20 degrees, abduction to 115, adduction to 15, external rotation to 50, and internal rotation to 55 degrees. The Neer's and Hawkins testing were positive. There was weakness to flexion and abduction on the right shoulder against resistance. Her current medications were not provided. The treatment plan included a request for authorization for diagnostic video arthroscopy of the right shoulder with subacromial decompression, debridement, and glenohumeral surgery. The treating physician indicated the injured worker's conditions were considered serious and chronic, and the injured worker required ongoing

treatment in order to affect remission and prevent further deterioration. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glenohumeral surgery, 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), 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, Surgery for SLAP lesions.

Decision rationale: The Official Disability Guidelines state criteria for SLAP repair should include 3 months of conservative treatment to include NSAIDs and physical therapy, type 2 or 4 lesions, history and physical examination and imaging indicate pathology, and a definitive diagnosis of SLAP lesions is diagnostic arthroscopy, and if the injured worker is under the age of 50, consider biceps tenodesis. The clinical documentation submitted for review does not provide evidence that the injured worker had a recent attempt in physical therapy and NSAIDs. It was noted that the injured worker received physical therapy before and after surgery in 2013. Given the above information, the request is not supported by the guidelines. As such, the request for glenohumeral surgery, right shoulder is not medically necessary.

Diagnostic video arthroscopy (DVA) with subacromial shaving, 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Diagnostic video arthroscopy (DVA) with debridement, 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Postoperative physical therapy to the right shoulder, unknown quantity: 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.

Associated surgical service: motorized cold unit, 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: A-stim unit, 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: ARC shoulder sling: 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.