

Case Number:	CM15-0046367		
Date Assigned:	04/03/2015	Date of Injury:	08/30/2013
Decision Date:	05/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/11/2015

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 53-year-old male who reported an injury on 08/30/2013. The injured worker underwent an MRI of the right shoulder without contrast on 05/30/2014, which revealed a low to moderate grade partial thickness articular surface tear involving the supraspinatus tendon in the critical zone. The injured worker had addition low-grade partial thickness intrasubstance tearing at the junction of the supraspinatus and infraspinatus. The demonstration of the tears involving the posterior inferior, posterior, and posterior superior portions of the labrum similar to a prior examination. There was a suggestion of the tear involving the anterior superior portion of the labrum. There was stable osteoarthritis of the acromioclavicular joint. The documentation of 01/22/2015 revealed the injured worker's right shoulder was progressively getting worse. The right shoulder examination revealed abduction of 90 degrees, forward flexion of 90 degrees, forward flexion of 80 degrees, external rotation of 80 degrees and impingement signs that were markedly positive on Hawkins and Neer testing. The diagnosis included right shoulder impingement syndrome with right rotator cuff tendinopathy. The treatment plan included the injured worker had already undergone cortical steroid injections and physical therapy and had failed. The injured worker had an MRI that was consistent with a partial thickness rotator cuff tear and labral tears, the symptoms were worse, and as such, the request was made for a right shoulder subacromial decompression. The subsequent documentation of 03/16/2015 revealed a request for reconsideration of the right arthroscopic subacromial decompression and the documentation indicated the injured worker's conditions were refractory to physical therapy, home exercise and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Subacromial Decompression and Anesthesia with [REDACTED]
[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 210 and 211.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 210-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. The clinical documentation submitted for review indicated the injured worker had a partial thickness tear. The physical examination findings supported the MRI findings. However, there was a lack of documentation of the duration of conservative care. As such, this request would not be supported. Given the above, the request is not medically necessary.

Pre-Operative Medical 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Lab Testing and EKG: 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.

Post-Operative Physical Therapy (12-sessions): 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: Norco 10/325mg #60: 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: Tramadol 50mg #60: 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: Tramadol HCL ER 150mg #30: 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: Anaprox 550mg #60: 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: Keflex 500mg #28: 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.