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| Case Number: | CM15-0049534 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 08/22/2011 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 02/23/2015 |
| Priority: | Standard | Application Received: | 03/16/2015 |

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 46 year old female who sustained an industrial injury on 7/14/07. The mechanism of injury was unclear. Diagnoses include status post left medial unicompartmental arthroplasty with residual pain (9/29/11); complex tear of the body and posterior horn of medial meniscus, status post arthroscopy to include partial meniscectomy (12/10/07); left knee pain; mild patellofemoral syndrome, secondary to quadriceps weakness and tight iliotibial band; left knee chondromalacia patella; left hip pain. Treatments to date include intraarticular cortisone injection into the left knee (12/27/13) with relief; injection into the bursa of pes anserinus tendon (4/25/14) with no relief but more pain; home exercise program. Diagnostics include bone scan (1/14) showing some uptake at medial aspect of the left knee by tibial compartment); three phase imaging bone scan (9/5/14), showing increased activity in the left knee; x-ray left knee (1/30/15) showing stable appearance of the medial compartment prosthesis. The latest physician progress note submitted for review is documented on 02/06/2015. The injured worker presented for a follow-up evaluation. It was noted that the injured worker had been previously treated with a right shoulder cortisone injection. The injured worker was also utilizing ibuprofen 800 mg, Norco 10/325 mg, and Percocet 10/325 mg. Upon examination of the right shoulder, there was positive impingement. There were no new lesions or scars noted. The injured worker was given a repeat injection of Kenalog and lidocaine for the right shoulder pain. Recommendations at that time included a followup evaluation and continuation of the current home exercise program. 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:

Right shoulder arthroscopy labral debridement and subacromial decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS/ACOEM Practice Guidelines state a referral for 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 and after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, the only objective finding upon examination included a positive impingement sign. There was no documentation of a significant functional limitation. The medical necessity for the requested surgical procedure has not been established. As such, the request is not medically necessary.

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.

Chest X-ray: 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.

Electrolyte panel: 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.

Complete Blood Count (CBC): 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 for 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical item: 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.

Post-operative refill of Ultracet 37.5mg: 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.