

Case Number:	CM15-0060465		
Date Assigned:	04/06/2015	Date of Injury:	09/29/2001
Decision Date:	06/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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 sustained an industrial injury on 09/29/2001. The mechanism of injury involved heavy lifting. The injured worker was diagnosed as having right shoulder impingement syndrome and status post right shoulder rotator cuff impingement and biceps rupture. Treatment to date has included magnetic resonance imaging of the right shoulder and above listed procedure. In a progress note dated 11/24/2014 the treating physician reports ongoing pain to the right shoulder rated 8/10. Upon examination, there was limited range of motion, tenderness to palpation, and positive provocation testing. The treating physician requested a right shoulder arthroscopic evaluation, arthroscopic subacromial decompression, distal clavicle resection, labral debridement and possible retro coracoid decompression, pre-operative medical clearance, use of a home CPM, and use of a Surgi-Stim Unit and Coolcare Cold Therapy Unit. A Request for Authorization Form was then submitted on 11/24/2014.

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, Distal Clavicle Resection, Labral Debridement and Possible Retro Coracoid Decompression: 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 Chapter, Surgery for Impingement Syndrome.

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

Decision rationale: California 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 after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, there is documentation of limited range of motion with positive provocation testing and tenderness to palpation. However, there was no documentation of an exhaustion of all conservative management. In addition, there were no official imaging studies provided for this review. Given the above, the request is not medically necessary at this time.

Pre-Operative Medical Clearance - including a 2 night home sleep study (polysomnogram): 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: Home Continuous Passive Motion (initial 45 days): 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: Surgi-Stim Unit (90 days): 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: Coolcare Cold Therapy Unit: 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.