

Case Number:	CM15-0074561		
Date Assigned:	04/24/2015	Date of Injury:	03/01/1999
Decision Date:	05/21/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 65 year old female, who sustained an industrial injury on 3/1/99. She reported initial complaints of right shoulder injury. The injured worker was diagnosed as having acromioclavicular joint derangement, rotator cuff tear left shoulder; acromioclavicular joint derangement, labral tear right shoulder. Treatment to date has included physical therapy; occupational therapy; acupuncture; status post right shoulder arthroscopy, debridement labrum, distal clavicle resection, subacromial decompression (7/11/05); status post left shoulder arthroscopy, debridement rotator cuff, supraspinatus, infraspinatus, labral debridement, distal clavicle resection, subacromial decompression (12/14/09); medications. Diagnostic studies include MRI right shoulder (2/14/15). Currently, the PR-2 notes dated 1/23/15 indicate the injured worker complains of her shoulder getting stiffer and more painful. She has pain all the time and worse at night. The pain seems to start at the top of her shoulder and go down to her elbow. Sometimes the pain goes down to her hand and she is miserable. She is unable to take anti-inflammatories or narcotics but has used Voltaren gel without benefit. Physical examination notes her shoulder is definitely limited. She can elevate to about 45 degrees, externally rotate to about 40 degrees, internally rotate to her mid lumbar spine, extends 45 degrees, but her active and passive motion are the same. She does have a very tight frozen shoulder. The MRI right shoulder report dated 2/14/15 showed evidence of a prior rotator cuff tear surgery with acromioplasty. The MRI reports a larger re-tear of the supraspinatus tendon. The provider's treatment plan included an Inpatient stay 1-2 days for surgery to the right shoulder arthroscopic rotator cuff repair, subscapularis repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient stay 1-2 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health and Human Services Centers for Medicare & Medicaid Services 42 CFR Parts 411, 412, 416, et al. November 10, 2014 Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Physician-Owned Hospitals: Data Sources for Expansion Exception; Physician Certification of Inpatient Hospital Services; Medicare Advantage Organizations and Part D Sponsors: CMS-Identified Overpayments Associated with Submitted Payment Data; Final Rule.

Decision rationale: CA MTUS and ODG do not address inpatient or outpatient status for arthroscopic shoulder repair. An alternate guideline was consulted. Arthroscopic shoulder surgery is not on the Medicare inpatient only list and is typically performed in the outpatient setting. There is no documentation in this case of any medical complications that might require post-operative inpatient care. Therefore, there is no medical necessity for inpatient stay of 1-2 days after planned arthroscopic shoulder surgery.