

Case Number:	CM15-0076927		
Date Assigned:	04/28/2015	Date of Injury:	06/06/2013
Decision Date:	06/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/22/2015

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: Minnesota, Florida
 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 66-year-old female, who sustained an industrial injury on 6/06/2013. The medical records submitted for this review did not include details regarding the initial injury or prior treatments to date. Diagnoses include shoulder impingement and lumbosacral radiculopathy. Currently, she complained of continued pain in the back and right shoulder. On 3/24/15, the physical examination documented positive impingement with Hawkins signs with decreased shoulder range of motion. The lumbar spine was significant for decreased range of motion, tenderness, spasm, and guarding. The plan of care included right shoulder arthroscopy pending authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown shoulder surgery: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
 Page(s): 209, 210.

Decision rationale: California MTUS guidelines indicate referral for surgical consultation in patients who have clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. The request as stated is for shoulder surgery but the procedure is not specified. Documentation submitted indicates the diagnosis of impingement syndrome; however, without knowing the specific procedure that is requested, the guidelines criteria cannot be applied. As such, in the absence of a specific request, the medical necessity of the procedure cannot be determined. The request is not medically necessary.

Unknown medications: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210.

Decision rationale: With regard to the associated surgical request for medications, the request does not include the specific names of the medications or the quantities. As such, medical necessity of the request cannot be determined. Furthermore, since the primary surgical procedure has not been specified, the associated request for medications cannot be deemed medically necessary. The request is not medically necessary.