

Case Number:	CM15-0078749		
Date Assigned:	04/29/2015	Date of Injury:	04/02/2014
Decision Date:	06/02/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/24/2015

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 71-year-old female with a date of injury of 10/16/2011. The body parts injured were the left shoulder and mid back. She stated that she tried to grab a garbage bag and slipped, falling backwards. She underwent x-rays and had physical therapy and medication. A second injury was reported on April 2, 2014 involving the right side of the neck and right shoulder. She stated that she slipped on a rug and fell onto her right side injuring the right upper extremity and the neck. She was given a sling and medication. The right shoulder pain got worse on July 12, 2014 when she was taking a shower and could not move the arm. She was treated with chiropractic care and also underwent an MRI scan and orthopedic evaluation. Per QME of 1/8/2015 the right shoulder flexion was 90° and the left shoulder 145°. Abduction was 45° on the right and 135° on the left. Internal and external rotation were 20° on the right and 60° on the left. The MRI scan of the right shoulder performed on 7/28/2014 was unofficially reported to show evidence of chronic-appearing supraspinatus and infraspinatus full-thickness tear with retraction of the tendons to approximately the level of the glenoid rim. There was evidence of anterior labral irregularity and blunting suspicious for an anterior labral tear, possible small loose body, fraying/longitudinal tears of distal biceps tendon, long head/anchor. In addition there was a subtle posterior labral tear. Marrow edema of the humeral head with subtle cortical irregularity suggesting a subtle nondisplaced fracture. The disputed request pertains to "Shoulder Surgery". The procedure that is being requested is not specified. Utilization review decision and rationale have not been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: California MTUS guidelines indicate surgical considerations for activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both short and long-term from surgical repair. The request as stated is for shoulder surgery. The type of procedure that is being requested is not known. As such, guidelines criteria cannot be utilized to determine medical necessity of the request. In light of the foregoing, the request for unspecified shoulder surgery is not supported and the request is not medically necessary.