

Case Number:	CM15-0091040		
Date Assigned:	05/19/2015	Date of Injury:	05/12/2014
Decision Date:	08/10/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York
Certification(s)/Specialty: Neurological 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 46-year-old female injured worker suffered an industrial injury on 05/12/2014. The diagnoses included rotator cuff tear and impingement syndrome. The diagnostics included left shoulder magnetic resonance imaging and electromyographic studies. The injured worker had been treated with cortisone injections and medications. On 1/28/2015, the treating provider reported severe pain to the left shoulder 7/10 with scattered numbness and tingling in a few fingers on the left hand along with losing sleep. The treatment plan included Left shoulder arthroscopy with associated surgical services, Orphenadrine 50mg/caffeine 10mg, Omeprazole 10mg/Flurbiprofen 100mg, Gabapentin/Pyridoxine, and Keratek analgesic gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with PASTA repair, suture anchors and screws: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-210.

Decision rationale: For surgical consideration the California MTUS guidelines recommend clear clinical and imaging evidence of a lesion that has been shown to benefit, both in the short and long term from surgical repair. Documentation does not provide this evidence. Conservative care at least for three to six months is advised which would include a home exercise program. Documentation does not outline such a program. The requested treatment: Left shoulder arthroscopy with PASTA repair, suture anchors and screws is not medically necessary and appropriate.

Associated Surgical Service: Twelve physical therapy visits, three times a week for four weeks for the left 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 Service: Purchase of a left 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.

Associated Surgical Service: One month rental of an Interferential unit for the left 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 Service: Purchase of pain pump for the left 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 Service: Purchase of a 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.

Orphenadrine 50mg/caffeine 10mg #60, 1 capsule 2-3 times a day as needed for muscle spasm: 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.

Omeprazole 10mg/Flurbiprofen 100mg #60, take 2-3 times daily as directed: 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.

Flurbiprofen/Cyclobenzaprine/Menthol Cream 180gm, apply 1-2 grams 2-3 times per day: 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.

Gabapentin/Pyridoxine 250mg/10mg #120, take 2 capsules twice a day: 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.

Keratek analgesic gel 4 oz bottle, apply 1-2 grams 2-3 times per day: 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.