

Case Number:	CM15-0094605		
Date Assigned:	05/21/2015	Date of Injury:	03/02/2012
Decision Date:	06/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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, Indiana, Oregon
 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 39 year old male who sustained an industrial injury on 03/02/2012. The injured worker was diagnosed with recurrent protrusion L5-S1 with S1 neural encroachment, recurrent dislocation with Hill-Sachs lesion with impending adhesive capsulitis, depression and sleep disorder related to chronic pain. Treatment to date includes diagnostic testing, conservative measures, psychological cognitive behavioral therapy (CBT) sessions, heat, stretching, and physical therapy for lumbar spine (12 sessions), home exercise program and medications. The injured worker underwent a lumbar decompression and laminectomy in October 2013. According to the primary treating physician's progress report on April 21, 2015, the injured worker continues to experience left shoulder apprehension pain. Prior visit documentation focused on the injured worker's lumbar spine. He has had multiple subluxations since last being seen which interferes with his sleep. Examination of the left shoulder demonstrated marked limitation of range of motion, positive apprehension signs and anterior pain. Proximal and distal gross muscle and strength testing is normal with sensation and deep tendon reflexes intact. Current medications are listed as Cyclobenzaprine and Tramadol ER. Treatment plan consists of the current request for left shoulder anterior reconstruction surgery, associated pre-operative surgical services for labs, EKG, history and physical, CBC with Diff, UA, Chemistry Panel (CMP, PT, PTT) and post-operative physical therapy 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder anterior reconstruction 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, indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anterior reconstruction.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, pages 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. Per ODG shoulder, anterior reconstruction can be considered when History of dislocation exists AND instability occurs with activities of daily living AND 4 view shoulder x-rays are documented. In this case, there is insufficient evidence in the exam note of 4/21/15 that 4 months of conservative management in the form of therapy directed at glenohumeral stability has been conducted. Therefore ACOEM guidelines are not satisfied and the request is not medically necessary.

Associated surgical services: Pre-operative labs, EKG, history and physical, CBC with Diff, UA, Chem Panel (CMP, PT, PTT): 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), low back, criteria for preoperative lab testing <http://www.guideline.gov/content.aspx?id=48408>.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Post operative physical therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.