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| Case Number: | CM17-0006797 | | |
| Date Assigned: | 01/19/2017 | Date of Injury: | 11/01/2016 |
| Decision Date: | 02/15/2017 | UR Denial Date: | 01/05/2017 |
| Priority: | Standard | Application Received: | 01/10/2017 |

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: Texas, California, New Mexico

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a now 63-year-old male with a history of an occupational claim from 11/01/2016. The mechanism of injury is detailed as a trip and fall. The current diagnosis is documented as other specific arthropathies of the right shoulder. Past treatments included diagnostic studies and physical therapy. A right shoulder MRI performed on 12/08/2016 documented the patient had a high-grade articular and interstitial almost full-thickness tear of the supraspinatus, tear thickening of the superior fibers of the subscapularis normal labral ligamentous complex, and mild subchondral degenerative changes. On 12/22/2016 the patient complained of right shoulder pain. The physical examination of the right shoulder revealed mild tenderness at the acromial clavicular joint and anterior shoulders of the biceps. Motor strength is noted be decreased. Range of motion of the right shoulder was noted with forward flexion at 170°, external rotation 70°, internal rotation to the T12. The patient had a positive Speed's, O'Brien's, across arms, and belly press test. The treatment plan included a right shoulder arthroscopy, rotator cuff repair versus debridement, subacromial decompression/acromioplasty, possible proximal biceps tenosynovitis, preoperative labs, medical clearance, postoperative physical, and physical therapy, and Flexeril. A request for authorization was submitted on 12/20/2016 for right shoulder surgery, preoperative medical clearance, postoperative shoulder brace, and postoperative physical therapy. The request was previously reviewed on 01/05/2017. The requested surgery was previously denied due to lack of documentation of adequate conservative treatment that has been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with rotator cuff repair vs debridement, subacromial decompression/acromioplasty and possible proximal biceps tenodynovitis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the ACOEM Guidelines, surgical considerations may be recommended for patients with red flag conditions, limited activity for more than 4 months, have failed conservative treatments for at least 3 to 6 months, and have evidence of a lesion on imaging, corroborated by examination findings that would benefit from surgical intervention. The patient was noted to have right shoulder pain complaints. However, there was lack of clinical documentation to include night time pain or pain affecting activities to warrant surgical intervention at this time. There was also lack of clinical documentation indicating the patient has exhausted adequate conservative treatments beyond 6 sessions of physical therapy. Based on the above, the request is not medically necessary.

Preoperative Medical Clearance: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: Shoulder Brace: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: Cryotherapy unit, seven day use: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Associated surgical service: Physical Therapy sessions, 12: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.