

Case Number:	CM16-0238035		
Date Assigned:	12/14/2016	Date of Injury:	10/10/2016
Decision Date:	01/20/2017	UR Denial Date:	12/01/2016
Priority:	Standard	Application Received:	12/12/2016

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, Texas

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 43-year-old male with a history of an occupational claim from 10/10/2016. The mechanism of injury was not detailed in the information provided for review. The current diagnoses are documented as shoulder pain, chronic pain, and rotator cuff tear. Prior relevant treatment has included activity modification, rest, medications, and office visits. Diagnostic studies included and MRI of the right shoulder dated 10/27/2016, that revealed tendinitis of the supraspinatus tendon and a small supraspinatus tendon tear as well as degenerative changes in the acromioclavicular joint. No relevant surgical history was documented as contributory on the most recent clinical note. According to the clinical note dated 11/14/2016, the patient presented for evaluation. The patient had a positive Jobe sign. The patient had limited range of motion of shoulder with no evidence of instability. Medications were not adequately documented on the most recent clinical note. The patient's treatment plan included surgery and ancillary services. A Request for Authorization was submitted on 11/23/2016. This case was previously non-certified on 12/01/2016 due to a lack of subjective and objective clinical findings, as well as a lack of clear documentation showing at least 3 months of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy RCR (rotator cuff repair) and decompression: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the ACOEM Guidelines, surgery is recommended after a failure of conservative care, when physical exam findings and imaging corroborate the medical necessity for the request. In this case, further clarification is needed as to the patient's course of conservative care, to include the actual amount of physical therapy visits previously attended and the efficacy of recent physical therapy. There is no clear indication that the patient has had an adequate 3 month trial of conservative care. There was no documentation of a recent trial and failure of injections. Severe functional limitation was not noted on the most recent physical exam to warrant surgery at this time. The patient's imaging was relatively benign, with the only substantial finding noted as a suspected small distal supraspinatus tendon tear. As such, the request is not medically necessary.

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.

Labs to include: EKG: 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.

Labs to include: Chest X-ray: 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.

Post-op physical therapy 2 times a week for 4 weeks: 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: Cold compression therapy 30 day rental: 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 wrap for purchase: 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 sling with abduction pillow: 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.