MAXIMUS Federal Services

Case Number:	CM13-0019030		
Date Assigned:	10/11/2013	Date of Injury:	04/17/2012
Decision Date:	01/27/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty in shoulder and elbow surgery, and is licensed to practice in California. 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 physician 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/services.

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 claimant is a 37-year-old injured 04/17/2012 who sustained an injury to her left shoulder. Imaging for review includes a 10/10/2012 bilateral ultrasound evaluation of the shoulder that showed a high grade partial thickness rotator cuff tear to the supraspinatus and infraspinatus tendon on the left as well as partial thickness tear to the right shoulder rotator cuff tendon. Further imaging in regards to the shoulder is not documented. An appeal letter for surgical procedure by [redacted] on 08/14/2013 indicated the claimant was diagnosed with a left shoulder strain having failed conservative care including therapy, medication management and acupuncture. It states the claimant declined corticosteroid injections. Based on continued symptoms that were consistent with an examination of positive impingement and cross arm abduction with weakness shoulder procedure in the form arthroscopy, rotator cuff repair versus debridement, decompression and distal clavicle resection was recommended. Also requested in this case was postoperative physical therapy, preoperative medical clearance consultation, and a 45 day use of a CPM (continuous passive motion) device and a 90 day use of SurgiStim 4 unit. Further clinical records or imaging is unavailable for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Mumford Procedure Section.

Decision rationale: The Physician Reviewer's decision rationale: According to the Shoulder Complaints Chapter of the ACOEM Practice Guidelines, and supported by ODG criteria, the surgical process in question would not be indicated. The request in this case is for a shoulder arthroscopy, subacromial decompression, distal clavicle excision with rotator cuff debridement versus repair. ACOEM Guidelines would not indicate the role of surgical process for a diagnosis of impingement and absence of 3 to 6 months of conservative care including corticosteroid injection. The claimant is noted to have declined corticosteroid in this case. The absence of documentation of the above would fail to necessitate the surgical process. Furthermore, when looking at ODG criteria, the diagnosis of degenerative change to the AC joint would need to be supported prior to proceeding with any degree of distal clavicle excision or Mumford procedure. Only form of imaging available for review in this case is an ultrasound that demonstrates partial thickness rotator cuff tear with no indication of the claimant's bony anatomy. The request for left shoulder surgery is not medically necessary or appropriate.

. Post-operative physical therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.

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

Pre-operative medical clearance consultation: 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 or appropriate.

CPM (continuous passive motion device) 45-day rental and SurgiStim 90 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Physician Reviewer's decision rationale: According to the ODG, a CPM for the shoulder is not supported in any fashion or for any diagnosis. The specific request for 45 day use of a CPM device for the shoulder would not be indicated. This is also taking into account the fact that the surgical process itself has not been supported thus negating the need for any form of post-operative DME (durable medical equiptment) device or modality. Based on the ODG, the role of a SurgiStim 4 unit would not be indicated for 90 days. Literature review indicates that a SurgiStim 4 unit is a combination stimulator device that includes amongst other things neuromuscular electrical stimulation. First and foremost, the role of surgical process in this case has not been established and this would negate the need for postoperative DME device. Furthermore, the role of neuromuscular electrical stimulation is not supported in the chronic pain or acute postoperative setting. The role of this device would have noted benefit in the claimant's shoulder process. The request for a CPM 45-day rental and SurgiStim 90 day rental is not medically necessary or appropriate.