MAXIMUS Federal Services

Case Number:	CM13-0022598		
Date Assigned:	11/13/2013	Date of Injury:	10/23/1980
Decision Date:	01/31/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

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 Surgery, and is licensed to practice in California, New Jersey, and Pennsylvania. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year-old female with a history of a right shoulder injury dated February 20, 2013. Clinical records for review include an August 12, 2013 progress report indicating bilateral right greater than left shoulder complaints with no significant improvement with conservative care. Reviewed on that date was a July 23, 2013 MRI report of the right shoulder showing moderate degenerative changes of the AC joint with capsular hypertrophy and a signal change of the distal supraspinatus involving the footprint consistent with tendinopathy. Conservative care is documented to have included a prior corticosteroid injection, physical therapy, medication management and activity restrictions. At last clinical assessment, surgical intervention was recommended in the form of a right shoulder arthroscopy, subacromial decompression and Mumford procedure, debridement and possible rotator cuff repair. Further clinical imaging or documented conservative measures are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, 17th edition: Assistant

Surgeon, Assistant Surgeon Guidelines (Codes 29355 to 29901) CPTÂ® Y/N Description 29827 N Arthroscopy, shoulder, surgical; with rotator cuff repair.

Decision rationale: MTUS Guidelines are silent. When looking at Milliman Care Guidelines, the role of an assistant surgeon for this arthroscopic shoulder procedure would not be indicated. First and foremost, the role of operative intervention has not yet been established, thus negating the need for perioperative assistant. Furthermore, Milliman Care Guidelines would not support the role of an assistant in any form of arthroscopic procedure to the shoulder. The specific request would not be indicated.

The request for Pre-op Evaluation Surgery Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, preoperative surgical clearance also would not be indicated. The role of operative intervention in this case has not been established. This would negate the need for any preoperative medical assessment or "clearance".

The request for 12 Physical Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, twelve sessions of postoperative physical therapy would not be indicated. While Guideline criteria would support the role of twelve sessions of therapy in the postoperative setting, the role of operative intervention in this case has not yet been established, thus negating the need of this postoperative treatment.

Right Shoulder OPA/SAD/Mumford/repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the role of surgical process to include a Mumford procedure as well as rotator cuff repair would not be indicated. The medical records do not document full thickness rotator cuff tearing nor do they support symptomatic physical exam findings to indicate the need of a distal clavicle excision. While the claimant continues to be symptomatic, the absence of these physical findings on examination and imaging would fail to necessitate the role of an acute surgical process for the claimant's right shoulder.