

Case Number:	CM13-0023430		
Date Assigned:	11/15/2013	Date of Injury:	12/10/2012
Decision Date:	01/27/2014	UR Denial Date:	08/18/2013
Priority:	Standard	Application Received:	09/12/2013

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. 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:

This is a 42-year-old female with a reported injury to her right shoulder sustained on 12/10/12. Reviewed was an MRI scan of the right shoulder dated 2/14/13 that showed diffuse capsular swelling with no labral pathology and supraspinatus tendon strain without evidence of tearing. The most recent clinical assessment is dated 7/30/13 from the treating physician, [REDACTED] citing subjective complaints of pain about the shoulder. She continues to have stiffness despite extensive conservative care that he states included physical therapy, anti-inflammatory agents, self-directed strengthening exercises, and ice/heat. Physical examination revealed 140° of forward flexion and 120° of abduction with positive Neer and Hawkins impingement testing. It also indicated a previous corticosteroid injection performed on March 5 to the subacromial space and May 15 to the long head of the biceps without lasting benefit. An appeal for surgical request in the form of a shoulder arthroscopy, debridement, distal clavicle resection, acromioplasty, and manipulation under anesthesia was recommended at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right shoulder diagnostics/operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa as indicated possible distal clavicle resection and examination and manipulation under anesthesia at [REDACTED]

[REDACTED] Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Section, (Acute & Chronic) Manipulation under Anesthesia, Partial claviclectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation and Official Disability Guidelines (ODG), Treatment in Workers Comp, 18th Edition, 2013 Updates, Shoulder procedure, Manipulation under Anesthesia, Partial claviclectomy (Mumford procedure).

Decision rationale: CA MTUS ACOEM states, "Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations". Official Disability Guidelines for partial claviclectomy state that there should be imaging as follows: "Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation". Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the surgical process would not be indicated. The claimant is noted to have 120° of abduction and 140° of forward flexion on examination. This motion would not support the role of a manipulation under anesthesia based on Official Disability Guidelines criteria which would only indicate the need for that process if less than 90° of abduction despite six months of conservative care had failed. Furthermore, the claimant's clinical imaging as well as physical examination does not support a diagnosis of acromioclavicular joint arthrosis for which distal clavicle excision would be necessitated. Based on the available information, the shoulder surgery as requested is not recommended as medically necessary.

Assisitant Surgeon: 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.

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

12 post-operative sessions of physical therapy for right shoulder (REDACTED): 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.