

Case Number:	CM13-0031003		
Date Assigned:	12/04/2013	Date of Injury:	04/06/2013
Decision Date:	02/24/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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:

██████████ is a 55-year-old gentleman who suffered a vocational injury to his right shoulder on 04/06/13. Records were submitted to determine the medical necessity for proposed right shoulder distal clavicle resection and CPM post-op. Records reflect that this gentleman has been through four months of conservative care. Records reflect that he had an MRI scan that was positive for a rotator cuff tear. He had physical exam findings including impingement and rotator cuff weakness that were consistent with the MRI scan findings. Shoulder surgery was recommended. Included in the records was an initial peer review, which felt that the surgery was reasonable. The only issue was distal clavicle resection. It appeared from the discussion that the peer advisor had with the attending provider, there was no strong feeling that distal clavicle resection was indicated. As such, the peer advisor recommended against that.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, Mumford procedure: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter shoulder.

Decision rationale: Based on the information provided, including the MRI scan report, which failed to reveal any evidence of degenerative changes, it is unclear as to why the attending physician performed the distal clavicle resection. The operative report was reviewed and it is unclear from the operative report as to the indications for that procedure. As such, based on the information provided, and in particular, the peer to peer discussion that was documented in this case, there does not appear to be clear indications for a distal clavicle resection.

Shoulder CPM machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC/

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter shoulder.

Decision rationale: Of note, MTUS Guidelines do not address CPM. Official Disability Guidelines states that it is not recommended for rotator cuff surgery as the peer review literature is inconclusive and does not document its efficacy. As such, the request would not be considered reasonable and medically necessary.