

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0038793 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 04/30/2011 |
| <b>Decision Date:</b> | 02/13/2014   | <b>UR Denial Date:</b>       | 09/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2013 |

### 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 Orthopaedic 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:

The claimant is a 47-year-old female who was injured in a work related accident on April 30, 2011. Specific to the claimant's right shoulder, there is documentation of an MRI report of June 24, 2013 that demonstrates no rotator cuff pathology with evidence of an intrasubstance signal change with mild capsular hypertrophy of the AC joint. Orthopedic assessment with [REDACTED] on October 23, 2013 showed subjective complaints of pain about the neck, shoulder and elbow on the right as well as left elbow and hand complaints. Objective findings showed no documentation of shoulder examination with a working assessment of medial epicondylitis to the right elbow and chronic right shoulder pain with impingement and supraspinatus tendinosis. Medications were renewed at that time. Based on the claimant's continued complaints about the shoulder, surgical process was recommended for further treatment. The records do not indicate previous injection therapy. There are noted to be indication of home exercises, work modifications and medications being utilized. As stated, there is surgical request at present with multiple postoperative modalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder anterior subacromial decompression:** 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): 211.

**Decision rationale:** Based on ACOEM Guidelines, right shoulder subacromial decompression in this case would not be supported. Guideline criteria indicate that for symptomatic impingement, there should be a course of conservative care including corticosteroid injections for a six-month period of time. Records do not indicate recent injection therapy or documentation of a six-month course of care. The specific surgical request would not be indicated.

**Right shoulder acromioplasty:** 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): 211.

**Decision rationale:** Based on California ACOEM Guidelines, the role of acromioplasty would not be indicated. Acromioplasty is a subacromial decompression that was cited in question #1 as not being appropriate.

**Right shoulder possible Mumford:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder procedure

**Decision rationale:** MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a Mumford procedure also would not be indicated. As stated in questions #1 and #2, the surgical process to the claimant's shoulder in this case has not been deemed medically necessary by Guideline criteria that failed to document injectual therapy or recent conservative measures. The specific request for a Mumford procedure also would not be indicated.

**Burch Stim X 14 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pro Tech Multi Stim X 14 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Q Tech X 14 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**CPM X 14 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Shoulder sling: 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.

**Post operative physical therapy three (3) times a week for four (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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre operative 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.