MAXIMUS Federal Services

Case Number:	CM13-0044564		
Date Assigned:	12/27/2013	Date of Injury:	02/04/2006
Decision Date:	03/06/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/30/2013

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 Texas. 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 patient is a 36-year-old female who reported an injury on 02/04/2006. The patient underwent an MRI in 06/2009 that revealed a degenerated appearing anterior labrum with no tear identified, and a supraspinatus and moderate subscapularis tendinosis. The patient underwent a left diagnostic arthroscopy with subacromial decompression and arthroscopic Mumford procedure in 09/2009. The patient had persistent pain complaints that were treated with medications. The patient's most recent clinical evaluation revealed that the patient had painful left-sided range of motion with a positive Spurling's test and tenderness to palpation over the acromioclavicular joint. The patient had a positive Neer sign, Hawkin's sign, Speed sign, Yergason sign, and biceps sign. Range of motion was described as 90 degrees in flexion and 90 degrees in abduction. The patient's diagnoses included left biceps tendinitis, degenerative joint disease of the acromioclavicular joint, and impingement syndrome. The patient's treatment plan was surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy and Subacromial Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The requested left shoulder arthroscopic and subacromial decompression is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has persistent pain complaints of the left shoulder. The American College of Occupational and Environmental Medicine does recommend surgical intervention for the shoulder when there is clinical evidence corroborated by an imaging study of a lesion that would benefit from surgical intervention. The clinical documentation submitted for review did not include an MRI after the patient's previous surgery. Therefore, a lesion that would benefit from surgical intervention could not be identified. Additionally, the clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to any conservative treatments other than medications. Therefore, surgical intervention would not be indicated. As such, the requested left shoulder arthroscopy and subacromial decompression is not medically necessary or appropriate.

Post-Operative Physical Therapy for Left Shoulder 3 times a week for 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.

Post-Operative Cold Therapy Unit Purchase: 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 Shoulder Brace with Abduction Pillow: 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.