

Case Number:	CM13-0045084		
Date Assigned:	12/27/2013	Date of Injury:	06/16/2012
Decision Date:	03/05/2014	UR Denial Date:	10/07/2013
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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 34-year-old male who reported injury on June 16, 2012. The mechanism of injury was stated to be that the patient was lifting a propane tank and felt pain. The patient was noted to have an MRI on January 23, 2013, which revealed the patient had tendinosis of the supraspinatus tendon with mild to moderate interstitial tearing near the footprint. There was noted to be no full thickness tear or tendon retraction. The patient has mild degenerative changes of the acromioclavicular joint. Per the submitted documentation, the patient has point tenderness to the parascapular muscles that was severe. The patient has point tenderness to palpation of the bicipital groove, subacromial space, and greater tubercle. The patient has difficulty with dressing, bathing, and bringing hand to mouth, and the patient wakes three (3) times to four (4) times a night due to pain. The patient has decreased range of motion and strength of 3/5 in flexion. The patient has 3+/5 in extension and external rotation. The patient has 4-/5 in abduction and internal rotation. The patient's range of motion is approximately 80 degrees in flexion and abduction. Internal rotation and external rotation was 30 degrees, adduction 30 degrees, and extension was 20 degrees. The patient has crepitus in the right shoulder. The patient's diagnoses were not provided. The request is was for a right shoulder arthroscopy, debridement, decompression, and distal clavicle excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Distal clavicle excision.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter - Surgery for Impingement Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation ODG. Shoulder Chapter, Partial Claviclectomy.

Decision rationale: The Official Disability Guidelines indicate that a partial claviclectomy is appropriate for patients who have had conservative care with at least 6 weeks of conservative care and pain at the AC joint, along with aggravation of pain with shoulder motion or carrying weight, and tenderness over the AC joint, and pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial, plus conventional films that show post-traumatic changes of the AC joint. The clinical documentation submitted for review indicated that the patient had conservative care; however, it failed to include the dates of service, efficacy and duration of care. Additionally, it failed to indicate the patient had pain at the AC joint and aggravation of pain with shoulder motion or carrying weight, as well as pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. The patient was noted to have mild degenerative changes of the acromioclavicular joint. Given the above, the request for a distal clavicle excision is not medically necessary.

Continuous passive motion (CPM) for 14-21 days.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Shoulder Chapter).

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

Decision rationale: The Official Disability Guidelines indicate that a CPM is appropriate for patients who have adhesive capsulitis. The clinical documentation submitted for review failed to prove that the patient had adhesive capsulitis. Therefore the request for a CPM for 14-21 days is not medically necessary.

Airplane shoulder sling .: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Postoperative abduction pillow sling.

Decision rationale: The Official Disability Guidelines recommend a postoperative abduction pillow sling that keeps the arm in a position that takes tension off of the repaired tendon. It is

recommended as an option for an open repair of large and massive rotator cuff tears, but is not used for arthroscopic repairs. The patient was noted to have a mild to moderate interstitial tearing near the footprint. There is a lack of documentation to support this request. Given the above, the request for Airplane shoulder sling is not medically necessary.