

Case Number:	CM13-0046966		
Date Assigned:	12/27/2013	Date of Injury:	12/13/2011
Decision Date:	05/22/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 expert 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 53-year-old injured in a work related accident on December 13, 2011. The clinical records provided for review included the report of a magnetic resonance arthrogram (MRA) of the left shoulder dated July 29, 2013 that showed mild degenerative changes of the acromioclavicular (AC) joint with no evidence of labral or rotator cuff pathology. The follow-up note on September 25, 2013, by treating orthopedic surgeon [REDACTED], noted complaints of left shoulder pain and low back pain with restricted range of motion and positive impingement. Recommendation was made for surgery for subacromial decompression and distal clavicle excision. The records indicated the claimant had previously been treated for a diagnosis of adhesive capsulitis with physical therapy, medication management and a prior injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY SAD MUMFORD LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Surgery Chapter, surgery for impingement syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder procedure - Partial claviclectomy (Mumford procedure).

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for left shoulder arthroscopy, subacromial decompression and Mumford procedure cannot be recommended as medically necessary. While the claimant's imaging demonstrates mild AC joint degenerative arthrosis, there is no current documentation of rotator cuff pathology or inflammatory process that would indicate impingement and require surgery. Therefore, the lack of imaging results fails to support the need for surgery. The request is not medically necessary.

PRE-OP MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: The request for left shoulder arthroscopy, subacromial decompression and Mumford procedure cannot be recommended as medically necessary. Therefore, the request for preoperative medical clearance is not necessary.

SLING: 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): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder procedure - Postoperative abduction pillow sling.

Decision rationale: The request for left shoulder arthroscopy, subacromial decompression and Mumford procedure cannot be recommended as medically necessary. Therefore, the request for a sling would not be necessary.

COLD THERAPY UNIT: 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): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder procedure - Continuous-flow cryotherapy.

Decision rationale: The request for left shoulder arthroscopy, subacromial decompression and Mumford procedure cannot be recommended as medically necessary. Therefore, the request for cold therapy unit is not necessary.

POST-OP PHYSICAL THERAPY - THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for left shoulder arthroscopy, subacromial decompression and Mumford procedure cannot be recommended as medically necessary. Therefore, the request for a postoperative physical therapy is not necessary.