MAXIMUS Federal Services

Case Number:	CM13-0047252		
Date Assigned:	12/27/2013	Date of Injury:	10/13/2010
Decision Date:	05/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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 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 55 year old man who sustained a work-related injury on October 13, 2010. Subsequently, he developed chronic neck pain and a diffuse body pain. According to the notes dated from June 2013 to October 2013, there is a suspicion of chronic regional pain syndrome. His physical examination demonstrated pain in the neck radiating down his arm. The patient had a reaction to Lyrica, Cymbalta, and Neurontin. His MRI performance on 2011 demonstrated hypertrophic AC joint changes with subacromial and subclavicular spurring. The provider requested authorization for arthroscopy with distal clavicle excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY WITH DISTAL CLAVICLE EXCISION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: According to the MTUS guidelines, surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone

injections, can be carried out for at least 3-6 months before considering surgery. There is no documentation of clear shoulder disease that may benefit from surgery. Furthermore, there is no clear documentation of 3-6 months failure of conservative therapies. Therefore, the request for right shoulder arthroscopy with distal clavicle excision is not medically necessary.

A 1-2 DAY INPATIENT STAY: 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.

MEDICAL 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.

12 SESSIONS OF POSTOPERATIVE THERAPY AND A COLD THERAPY UNIT: 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.