MAXIMUS Federal Services

Case Number:	CM13-0051114		
Date Assigned:	12/27/2013	Date of Injury:	07/03/2011
Decision Date:	02/20/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 California. He 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 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 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 40-year-old female who was injured in a work related accident on 07/03/11. The clinical records for review specific to her left shoulder included a 09/24/13 follow up report by [redacted] documenting continued complaints of pain about the shoulder. The report documented that the claimant was three months following a right shoulder arthroscopic decompression, distal clavicle resection, and labral debridement of 06/30/13 and that her contralateral left shoulder examination showed positive Neer and Hawkins testing, pain with cross body abduction, pain with terminal motion that was restricted to 135 degrees of forward flexion and 125 degrees of abduction. There was no formal imaging available for review. The treating physician cited a 10/16/11 MRI report of the left shoulder demonstrating "superior labral tear impingement and AC degenerative changes." Surgical process to the left shoulder was recommended in the form of a shoulder arthroscopy, labral repair, distal clavicle excision, and acromioplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Decompression with acromioplasty, resection of coracoacromial ligament and bursa: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California ACOEM 2004 Guidelines, the surgical process in this case cannot be supported. While the claimant continues with complaints of shoulder pain, the treating physician has recommended surgery based on the MRI report that is greater than two years old with no documentation of recent conservative care or findings. ACOEM Guideline criteria for the role of a subacromial decompression require failed conservative measures of three to six months including injection therapy. The lack of the above would fail to necessitate the above procedure at this time.

Distal clavicle resection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure.

Decision rationale: California ACOEM Guidelines are silent. Looking at Official Disability Guidelines criteria, distal clavicle resection also would not be indicated. The need for operative intervention in this case has not yet been established due to lack of current imaging and absent documentation of conservative care. This would include the need for a distal clavicle resection, for which the AC joint is with no indication of recent treatment or conservative measures.

pre operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM 2004 Guidelines, preoperative medical clearance would not be indicated. The need for operative intervention in this case has not yet been established, thus, negating the need for preoperative assessment.

assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: Assistant Surgeon.

Decision rationale: California MTUS Guidelines are silent. When looking at Milliman Care Guidelines, the role of an assistant surgeon in the setting of a shoulder arthroscopy is not supported. Furthermore, the need of operative intervention in this case has not been established, negating the need for this perioperative assistant.

left shoulder arthroscopy, possible arthroscopic vs open labral (SLAP) repair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a SLAP repair would not be indicated. The records do not indicate formal MRI report. Treating physician cites an MRI report of 2011, which is unavailable for review. The lack of clinical correlation between the claimant's clinical presentation and formal imaging would fail to necessitate this portion of the surgical process.