

Case Number:	CM13-0054625		
Date Assigned:	07/02/2014	Date of Injury:	09/02/2010
Decision Date:	08/08/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 claimant is a 43 year old female who was injured on 09/02/10 while working as a custodian and lifting a bucket of water. The records provided for review document that the claimant underwent left shoulder arthroscopy with intra-articular debridement, subacromial decompression, distal clavicle resection, partial synovectomy. Post operatively, she developed adhesive capsulitis and underwent manipulation under anesthesia on 11/18/11. The claimant's current diagnosis is cervicalgia, left upper extremity with radiculopathy and left shoulder acromioclavicular arthropathy, status post Mumford Procedure. The report of the office visit on 04/02/14 noted left sided neck pain that radiated down the left shoulder and the entire length of her arm, numbness in all of her fingers, most prominent at the third, fourth and fifth digits. She complained of ongoing pain, tightness, and weakness in the left shoulder. She had ongoing problems with left sided neck pain, left trapezius pain with radiation down the left arm. Examination was documented to show cervical spine tenderness and spasm in the left paravertebral and trapezius musculature. Left shoulder blade appeared cephalic compared to the right side. She had thirty-five degrees of cervical flexion, twenty-five degrees of extension, rotation to the left and right forty degrees, lateral tilting to the left and right thirty-five degrees with left sided neck pain at each limit. The exam of the left shoulder showed tenderness at the left acromioclavicular joint with clicking noticed with shoulder range of motion. She was able to flex her shoulder one hundred twenty five degrees, abduction one hundred degrees, external rotation at seventy degrees, internal rotation at fifty degrees with shoulder discomfort at each limit, mostly at the acromioclavicular joint. She had a positive impingement sign. Hawkins was equivocal and Speed's and O'Brien's were negative. The claimant had a negative Tinel's and Durkins. Conservative treatment has included post operative physical therapy in 2011 and recent prescriptions of Nucynta. The treating physician documented that a nerve conduction

study/EMG from 11/19/10 was noted to be within normal limits. The current request is for a left partial claviclectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy , diagnostic with or without synovial biopsy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Online Version, Diagnostic arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter - Diagnostic arthroscopy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Left shoulder arthroscopy, surgical distal claviclectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Online Version, Indications for Surgery- Partial Claviclectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter - Mumford Procedure.

Decision rationale: The medical records for review do not confirm that the claimant has had continuous conservative treatment for a minimum period of six weeks prior to considering surgical intervention. Continuous conservative treatment should include formal physical therapy, home exercise program and activity modification, anti-inflammatory medication, consideration of diagnostic/therapeutic injection. There is also no documentation of recent imaging in the form of x-ray, MRI, or CT scan which establishes that there is continual pathology in the left shoulder which may be amenable to surgical intervention. Therefore, based on the documentation presented for review and in accordance with the California MTUS/ACOEM Guidelines and Official Disability Guidelines, the request for the left partial claviclectomy is not medically necessary and appropriate.

Left Claviclectomy, partial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Online Version, Indications for Surgery- Partial Claviclectomy.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9)pages 209-210 and on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: The medical records for review do not confirm that the claimant has had continuous conservative treatment for a minimum period of six weeks prior to considering surgical intervention. Continuous conservative treatment should include formal physical therapy, home exercise program and activity modification, anti-inflammatory medication, consideration of diagnostic/therapeutic injection. There is also no documentation of recent imaging in the form of x-ray, MRI, or CT scan which establishes that there is continual pathology in the left shoulder which may be amenable to surgical intervention. Therefore, based on the documentation presented for review and in accordance with the California MTUS ACOEM and Official Disability Guidelines, the request for the left partial claviclectomy is not medically necessary and appropriate.

Preoperative I.V. Lactated Ringers: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lactated Ringer package insert.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Guidelines Clearinghouse.

Decision rationale: The request for left partial claviclectomy cannot be supported as medically necessary. Therefore, the request for pre-operative intravenous lactated ringers, is also not medically necessary.

Preoperative Antibiotic - Ancef 1 gm intravenously: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ancef package insert.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for left partial claviclectomy cannot be supported as medically necessary. Therefore, the request for pre-operative antibiotic, in the form of Ancef, 1 gm intravenously, is also not medically necessary.

General anesthesia (interscalene block): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Online Version.

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 - Regional anesthesia.

Decision rationale: The request for left partial claviclectomy cannot be supported as medically necessary. Therefore, the request for anesthesia (interscalene block), also is not medically necessary.

Postoperative left shoulder immobilizer(for purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Online Version, Immobilization.

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 - Post-op Abduction Immobilizer/sling.

Decision rationale: The request for left partial claviclectomy cannot be supported as medically necessary. Therefore, the request for post operative left shoulder immobilizer is also not medically necessary.

Oxycontin 20 mg #1 (1 tablet 30 minutes with a S/P prior to surgery): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, page 76-80 Page(s): 76-80.

Decision rationale: The request for left partial claviclectomy cannot be supported as medically necessary. Therefore, the request for 20 mg of Oxycontin prior to surgical intervention, is also not medically necessary.