

Case Number:	CM13-0056521		
Date Assigned:	12/30/2013	Date of Injury:	07/27/2010
Decision Date:	04/10/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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:

This is a 51-year-old gentleman injured in a work-related accident on 7/27/10. The records provided for review regarding treatment to the left shoulder included an assessment dated 10/14/13 by treating physician, [REDACTED], where he noted specifically to the left shoulder complaint of pain. The assessment noted that the claimant had prior multiple injections of the shoulder. [REDACTED] documented that physical examination showed tenderness of the subacromial process and restricted range of motion in all planes. The claimant was diagnosed with rotator cuff syndrome and impingement. No imaging reports were provided. There is a request for left shoulder acromioplasty as the claimant had continued pain despite conservative treatment. There was also a request for continued use of a topical compounded agent for which active agents of the compound are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209-211.

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

Decision rationale: Based on California ACOEM 2004 Guidelines, the request for surgical intervention to include an acromioplasty would not be indicated. The clinical records for review fail to identify any imaging studies of an inflammatory process or clinical finding on examination that would warrant acromioplasty. Therefore, the absence of imaging would fail to necessitate the surgical process as requested.

Refill of topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, the request for a topical cream with unspecified agents and strength would not be indicated. Chronic Pain Guidelines in regard to topical compounding agents indicate that for the most part they are largely experimental with limited evidence of randomized clinical trials demonstrating evidence of efficacy. The lack of documentation of specific agents being used in the compound would fail to support the topical agent at this chronic stage in the claimant's course of care.