

Case Number:	CM13-0066940		
Date Assigned:	06/13/2014	Date of Injury:	02/19/2009
Decision Date:	08/04/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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:

The claimant is a 56 year old gentleman who sustained an injury to his left shoulder in a work related accident on 2/19/09. The clinical records provided for review included the 12/17/13 hand written progress report, documenting the request for an appeal for shoulder surgery, based on failed conservative care. Objectively on examination the report notes no changes to the left shoulder. Surgery to include subacromial decompression and distal clavicle excision was recommended. The records do not contain any reports of recent imaging studies but notes that the claimant has failed conservative care. This request is for surgery to include a subacromial decompression with distal clavicle excision of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 24 Visits Post-Op: 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.

Subacromial Decompression with Distal Clavicle Resection of the Left Shoulder: 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): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp: 18th Edition, 2013 Updates; Chapter Shoulder, Partial claviclectomy (Mumford procedure).

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for left shoulder subacromial decompression and distal clavicle resection cannot be recommended as medically necessary. This individual is noted to have multiple underlying orthopedic injuries, but no recent imaging studies of the shoulder have been performed. The claimant's recent conservative treatment is also not documented. The lack of documentation of conservative treatment, the lack of recent imaging reports, and the lack of positive examination findings, fails to meet the guideline criteria for the proposed surgery.