

Case Number:	CM14-0001712		
Date Assigned:	01/22/2014	Date of Injury:	02/22/2010
Decision Date:	06/26/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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 Surgeon and Sports 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 injured worker is a 54-year-old male who reported an injury on 02/22/2010 after lifting a heavy object. The injured worker reportedly sustained an injury to his cervical spine and right shoulder. The injured worker's treatment history of the right shoulder included physical therapy, corticosteroid injections, and multiple medications. The injured worker was evaluated on 12/10/2013. It was documented that the injured worker had continued cervical and shoulder pain; however no pathology was identified during the examination. A request was made for evaluation of distal clavicle excision and evaluation of the rotator cuff labrum and biceps.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER DECOMPRESSION EVALUATION OF DISTAL CLAVICLE EXCISION AND EVALUATION OF ROTATOR CUFF LABRUM AND BICEP: 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): 209-210.

Decision rationale: The requested right shoulder decompression evaluation of distal clavicle excision and evaluation of rotator cuff labrum and biceps is not medically necessary or

appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for the shoulder when there are clinical findings supported by an imaging study of a lesion that would benefit from surgical intervention that has failed to respond to conservative treatments. The injured worker's most recent clinical evaluation did not provide any physical findings to support the need for surgical intervention. Additionally, the clinical documentation did not include an imaging study noting any deficits that would benefit from surgical intervention. As such, the requested right shoulder decompression evaluation of distal clavicle excision and evaluation for rotator cuff labrum and biceps is not medically necessary or appropriate.

PREOPERATIVE CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

POLAR CARE: 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): 209-210.

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

GENERAL ANESTHESIA: 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): 209-210.

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

IMMOBILIZER: 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): 209-210.

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