

Case Number:	CM14-0103222		
Date Assigned:	07/30/2014	Date of Injury:	11/05/2010
Decision Date:	09/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 injured worker is a 44-year-old female with an 11/5/10 injury date. The mechanism of injury is not provided. In a follow-up on 5/28/14, subjective complaints include right shoulder pain and difficulty with reaching out and reaching above her head. Objective findings include tenderness to palpation over the posterior acromion, AC joint tenderness, full range of motion, positive impingement signs, and no motor or sensory deficits. A right shoulder MRI on 10/08/13 showed rotator cuff tendinosis and mild acromioclavicular arthrosis. Diagnostic impression includes right shoulder impingement syndrome, and AC joint arthritis. Treatment to date includes medication management, ice, home exercise, rest, and activity modification. The prior UR decision is not contained in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right arthroscopic subacromial decompression/mumford to be done at pacific heights surgery center: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter.

Decision rationale: California MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. In the present case, there is no evidence that the patient has tried a cortisone injection or physical therapy. Thus, the evidence that there has been an attempt at conservative care is limited. Therefore, the request for right arthroscopic subacromial decompression/mumford to be performed at pacific heights surgery center is not medically necessary.

Post operative immobilizer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

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

Initial post-operative physical therapy x 10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Post-operative cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter.

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