

Case Number:	CM14-0108908		
Date Assigned:	08/04/2014	Date of Injury:	10/14/2013
Decision Date:	09/26/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 45-year-old claimant is status post industrial injury on October 14, 2013. An exam note on June 3, 2014 demonstrates a complaint of left shoulder. The report demonstrates claimant has undergone radiographs, physical therapy and MRI. Subacromial injection on 4/8/2014 provided 50% relief. An examination demonstrates left shoulder asymptomatic throughout. Objective findings demonstrate 55 motor strength of the rotator cuff throughout, flexion is noted to be 100 with abduction 50, external rotation at the side is 70 and internal rotation is to the thoracolumbar junction. Sensation is intact to bilateral extremities with a positive Hawkins sign or sign. A left shoulder MRI performed on 4/2/2014 demonstrates mild distal supraspinatus tendinopathy. There is no evidence of rotator cuff tear or tear. Mild degenerative changes at the acromioclavicular joint are noted but do not mention bony impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic subacromial decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Diagnostic Arthroscopy (Shoulder Arthroscopy for Diagnostic Purposes).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 209-210. Decision based on Non-MTUS Citation Shoulder, Acromioplasty.

Decision rationale: According to the California MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 6/3/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 6/3/14 does not demonstrate evidence satisfying the above criteria including an essential normal MRI of the shoulder from 4/2/14. Therefore the request is not medically necessary.

Acromioclavicular reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery, (<http://www.odg-twc.com/odgtwc/shoulder.htm#Surgery>).

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, Partial Claviclectomy.

Decision rationale: Based upon the California MTUS Shoulder Chapter, pages 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, states surgery is indicated for post traumatic acromioclavicular (AC) joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case the exam note from 6/3/14 and the imaging findings from 4/2/14 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the request is not medically necessary.

Biceps tenodesis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery, (<http://www.odg-twc.com/odgtwc/shoulder.htm#Surgery>).

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, Ruptured Biceps Tendon Surgery.

Decision rationale: Based upon the California MTUS Shoulder Chapter, pages 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The ODG Shoulder section, recommends surgery for pain, weakness and deformity with classic appearance of ruptured muscle and repair within 2-3 weeks of injury or diagnosis. Imaging findings should correlate with exam. Surgery is not indicated if 3 months or more have elapsed. In this case the exam notes from 6/3/14 do not demonstrate evidence of a recent tear. Therefore the request is not medically necessary.

Rotator cuff repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery, (<http://www.odg-twc.com/odgtwc/shoulder.htm#Surgery>).

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, Surgery for Rotator Cuff Repair.

Decision rationale: According to the California MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 6/3/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 6/3/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. In addition the MRI of the shoulder from 4/2/14 is normal. Therefore the request is not medically necessary.

Preoperative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine, Washington Manual of Medical Therapeutics.

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.

Laboratory tests (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing.

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.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing.

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.

Postoperative physical therapy for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.