

Case Number:	CM14-0017976		
Date Assigned:	04/16/2014	Date of Injury:	09/01/2012
Decision Date:	07/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/12/2014

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:

This 45-year-old male sustained an industrial injury on 9/1/12. The mechanism of injury is not documented. He was status post left shoulder arthroscopies in 2006 and 2008. The 9/26/12 left shoulder MRI revealed a high grade partial thickness infraspinatus tear with moderate tendinosis and/or contusion, and low grade muscle strain. There was low grade teres minor strain, and mild to moderate supraspinatus tendinosis and/or contusion. Findings noted status post glenoid labral repair with concern for posterior labral recurrent or residual tear. There was mild subacromial subdeltoid bursitis. The 10/10/13 AME reviewed the 9/26/12 MRI findings and stated that surgery was not recommended at this time. The 12/4/13 treating physician report indicated the patient had chronic residual left shoulder symptoms. Left shoulder exam documented anterior glenohumeral region and subacromial tenderness. There was positive Hawkin's and impingement sign and discomfort over the acromioclavicular joint. Shoulder symptoms were reproduced with internal rotation and forward flexion. The 1/21/14 utilization review denied the request for left shoulder surgery and associated requests as there was no clear documentation regarding conservative treatment for the left shoulder for the past 3 to 6 months. The last imaging was in 2012 and the 10/10/13 AME did not recommend surgery for the left shoulder based on imaging. There was no elaboration of functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with subacromial decompression, mini open mumford resection, possible rotator cuff repair, possible arthrotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement syndrome, Surgery for rotator cuff repair, Partial claviclectomy.

Decision rationale: The California MTUS guidelines do not address shoulder surgeries for chronic injuries. The Official Disability Guidelines for repair of partial thickness rotator cuff tears and impingement surgery, guidelines generally require 3 to 6 months of conservative treatment plus weak or absent abduction, positive impingement sign with a positive diagnostic injection test, and positive imaging evidence of impingement. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no documentation of a positive diagnostic injection test. Functional assessment, including strength deficits are not documented. There is no current imaging documentation of AC joint arthrosis. Therefore, this request for left shoulder arthroscopy with subacromial decompression, mini open Mumford resection, possible rotator cuff repair, and possible arthrotomy is not medically necessary.

12 visits post operative physical therapy (3x4): 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.

Arm sling: 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.

Medical clearance with internist: 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.