MAXIMUS Federal Services

Case Number:	CM14-0018697		
Date Assigned:	04/18/2014	Date of Injury:	06/08/2011
Decision Date:	08/13/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a subspecialty in Hand Surgeon and is licensed to practice in Texas. 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 female who reported an injury on 06/08/2011. The mechanism of injury involved repetitive activity. The current diagnoses include chronic cervical musculoligamentous sprain/strain injury with discogenic pain, chronic lumbar musculoligamentous strain/sprain injury with discogenic pain, chronic sprain/strain injury of the right shoulder with degenerative joint disease, and bilateral carpal tunnel syndrome. The only documentation provided for this review is an orthopedic panel Qualified Medical Evaluation on 09/04/2013. Previous conservative treatment includes physical therapy. Physical examination revealed moderate stiffness in the right shoulder with tenderness and weak abduction, 30 degree forward flexion, 20 degree internal rotation, 40 degree external rotation, 40 degree extension, and an inability to hold the right arm against resistance in the abduction position. X-rays of the right shoulder obtained on 08/19/2013 indicated mild degenerative joint disease of the right ACL. The injured worker was noted to be a surgical candidate for an arthroscopic evaluation, Mumford procedure, decompression, and rotator cuff repair with manipulation under anesthesia of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC ASSESSMENT, SUBACROMIAL DECOMPRESSION, ROTATOR CUFF REPAIR, DEBRIDEMENT WITH POSSIBLE MUMFORD PROCEDURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment, aside from physical therapy. There were also no imaging studies provided for this review. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.

POST-OPERATIVE FOLLOW-UP VISIT X2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG SHOULDER.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (LOW BACK- LUMBAR & THORACIC (ACUTE & CHRONIC) CHAPTER); ACC/AHA 2007 GUIDELINES ON PERIOPERATIVE CARDIOVASCULAR EVALUATION AND CARE FOR NONCARDIAC SURGERY.

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.