MAXIMUS Federal Services

Case Number:	CM14-0019767		
Date Assigned:	04/28/2014	Date of Injury:	12/14/2012
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational 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 patient is an employee of [redacted] and has submitted a claim for shoulder pain associated with an industrial injury date of December 14, 2012. Treatment to date has included medications, physical therapy, right shoulder peripheral nerve block, and right labral repair and distal clavicle resection. Medical records from 2013 were reviewed, which showed that the patient complained of less shoulder pain. On physical examination, range of motion of the right shoulder was limited in all planes but less pain and inhibition were noted. Utilization review from February 13, 2014 denied the request for Surgery Arthroscopy, distal clavicle resection, for the left shoulder; Medical Clearance Pre-Operative; Post-op Cold Therapy Unit Purchase; Post-op Immobilizer sling with abduction pillow; and Physical Therapy Post-op for twelve sessions because an adequate assessment of the patient's left shoulder was not demonstrated and there were no conventional films or a bone scan included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY ARTHROSCOPY, DISTAL CLAVICLE RESECTION, FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Partial Claviculectomy (Mumford Procedure).

Decision rationale: CA MTUS does not specifically address partial claviculectomy; however, the Official Disability Guidelines state that criteria for partial claviculectomy with diagnosis of post-traumatic arthritis of AC joint include the following: at least 6 weeks of conservative care prior to surgery; subjective findings of pain at the AC joint; objective findings of tenderness over the AC joint and/or pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial; and imaging findings of post-traumatic changes or severe degenerative joint disease of the AC joint and bone scan positive for AC joint separation. In this case, the medical records failed to document conservative care prior to the requested procedure. There was also no documentation of subjective, objective, and imaging findings of the left shoulder that may warrant partial claviculectomy. The criteria were not met; therefore, the request for surgery arthroscopy, distal clavicle resection, for the left shoulder is not medically necessary.

PRE-OPERATIVE MEDICAL CLEARANCE: 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 med necessary, none of the associated services are medically necessary.

POST-OP COLD THERAPY UNIT, PURCHASE: 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 med necessary, none of the associated services are medically necessary.

POST-OP IMMOBILIZER SLING WITH ABDUCTION PILLOW: 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 med necessary, none of the associated services are medically necessary.

PHYSICAL THERAPY POST-OP, #12: 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 med necessary, none of the associated services are medically necessary.