

Case Number:	CM14-0116749		
Date Assigned:	08/06/2014	Date of Injury:	10/16/2012
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/24/2014

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 claimant is a 44-year-old gentleman who injured his right shoulder on October 16, 2012. The records provided for review document that, following a course of conservative care, the claimant underwent right shoulder arthroscopy and subacromial decompression on November 1, 2013. Postoperatively, the claimant underwent physical therapy and a corticosteroid injection, which offered partial pain relief. To evaluate continued complaints of postoperative pain, an MRI scan taken on June 27, 2014, showed partial thickness, bursal-sided tearing at the footprint of the supraspinatus and no full thickness pathology. There were findings consistent with the prior decompression. A follow-up report dated June 30, 2014, described continued complaints of postoperative left shoulder pain, aggravated with repetitive activities. Physical examination showed range of motion of 180 degrees of forward flexion, 90 degrees of external rotation with tenderness noted over the acromioclavicular joint, and positive impingement signs. This request is for revision right shoulder acromioplasty, Mumford procedure with possible rotator cuff repair; preoperative laboratory testing to include a complete blood count and comprehensive metabolic panel; 12 sessions of postoperative physical therapy; the purchase of a cold therapy unit for postoperative use; and the purchase of a shoulder immobilizer for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder acromioplasty (revision) Mumford: Possible rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 9th Edition (web) 2011.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 2013 Updates, 18th Edition; Chapter Shoulder: Shoulder procedure -Partial claviclectomy (Mumford procedure) ODG Indications for Surgery -- Partial claviclectomy:Criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint:1. Conservative Care: At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS2. Subjective Clinical Findings: Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS3. Objective Clinical Findings: Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS4. Imaging Clinical Findings: Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation.

Decision rationale: California MTUS ACOEM Guidelines and Official Disability Guidelines would not support the request for a revision right shoulder acromioplasty Mumford procedure with possible rotator cuff repair. Under ACOEM Guidelines, surgical intervention in claimants with this clinical presentation can be established as medically indicated following a three-month course of conservative care. Under Official Disability Guidelines, a distal clavicle excision (Mumford procedure) is recommended when imaging findings demonstrate post-traumatic change to the acromioclavicular joint or severe degenerative findings. In this case, the claimant's records do not document a course of three months of conservative care, as required under ACOEM Guidelines, or evidence of acromioclavicular joint pathology, as required under Official Disability Guidelines. Therefore, the requested surgery is not established as medically necessary.

Pre-operative CBC (complete blood count), CMP (complete metabolic panel): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for revision right shoulder acromioplasty Mumford procedure with possible rotator cuff repair is not established as medically necessary. Therefore, the request for preoperative laboratory testing to include a complete blood count and comprehensive metabolic panel is not medically necessary.

Post-operative physical therapy 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for revision right shoulder acromioplasty Mumford procedure with possible rotator cuff repair is not established as medically necessary. Therefore, the request for 12 sessions of postoperative physical therapy is not medically necessary.

Cold therapy unit, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556.

Decision rationale: The request for revision right shoulder acromioplasty Mumford procedure with possible rotator cuff repair is not established as medically necessary. Therefore, the request for the purchase of a cold therapy unit for postoperative use is not medically necessary.

Shoulder immobilizer, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Postoperative abduction pillow sling Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008).

Decision rationale: The request for revision right shoulder acromioplasty Mumford procedure with possible rotator cuff repair is not established as medically necessary. Therefore, the request for the purchase of a shoulder immobilizer for postoperative use is not medically necessary.