

Case Number:	CM14-0127557		
Date Assigned:	08/15/2014	Date of Injury:	10/02/2011
Decision Date:	09/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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:

The claimant is a 57 year-old who sustained an injury to the right shoulder while latching a machine on 10/02/11. Medical records provided for review include the report of an MRI dated 06/14/12 identifying a full thickness rotator cuff tear, acromioclavicular joint osteoarthritis and tendinosis. The progress report of 07/29/14 indicates continued complaints of pain in the shoulder; there was no additional imaging report or documentation of physical examination findings. Records also do not indicate prior conservative treatment for the claimant's full thickness rotator cuff tear but notes that the claimant has been treated in the past with physical therapy in addition to treatment for multiple other orthopedic injuries including the neck, bilateral knees, low back, right elbow and ankle. There is no documentation of recent treatment to the shoulder. This review is for an isolated shoulder arthroscopy and Mumford procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery, Mumford Procedure, Right 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, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Treatment in Worker's Comp, Shoulder Procedure - Partial Claviclectomy (Mumford Procedure).

Decision rationale: Based on California ACOEM Guidelines for surgical referral for the shoulder and the Official Disability Guidelines for a Mumford procedure, the request for right shoulder surgery, Mumford procedure would not be indicated. Records in this case fail to identify any previous conservative care, formal physical examination findings or updated imaging to support the need for a distal clavicle excision. The clinical records document imaging evidence of full thickness rotator cuff pathology with no indication of previous surgery in this individual. Without documentation of recent conservative measures or indication of physical examination findings, the need for procedure would not be supported and is not medically necessary.