

Case Number:	CM14-0134122		
Date Assigned:	08/25/2014	Date of Injury:	07/22/2010
Decision Date:	09/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopedic Spine Surgery and is licensed to practice in New York. 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 a 41-year-old male who tripped and fell at work on July 22, 2010. The patient has chronic shoulder pain. The patient rates his pain in the shoulder is 10 out of 10. Physical examination shows tenderness of the shoulder. There is tenderness over the greater tubercle, the coracoid and acromioclavicular (AC) joint. Range of motion is limited to 90 adduction and 85 forward flexion. Neer sign is positive. Cross arm sign is positive. Has a painful arc of motion. Rotator cuff strength is 4/5. Diagnoses include impingement syndrome of the left shoulder with acromioclavicular (AC) arthritis. At issue is whether shoulder surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Decompression QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition 2004, 7/18/09, p. 210 - 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG shoulder pain chapter.

Decision rationale: This patient does not meet establish criteria for shoulder surgery. The patient is 4 years status post his date of injury. The patient reports severe pain in the shoulder

and he had injection in the left subacromial space in January 2014. Unfortunately there was no documentation of the results of that injection. The shoulder is not addressed again the medical records until June 25, 2014. Imaging studies show degenerative changes in the shoulder and glenohumeral arthritis. The medical records do not include a psychiatric evaluation to address issues of chronic pain and psychosocial issues contributing to the patient's complaints. Guidelines indicate that psychosocial evaluation is necessary prior to proceeding with surgery. In addition the medical records do not document any recent trial and failure of physical therapy. Established criteria for shoulder surgery not met. Therefore, this request is not medically necessary.

Possible Mumford Procedure QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition Shouldder 2013; Surgery for impingement syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: This patient does not meet establish criteria for shoulder surgery. The patient is 4 years status post his date of injury. The patient reports severe pain in the shoulder and he had injection in the left subacromial space in January 2014. Unfortunately there was no documentation of the results of that injection. The shoulder is not addressed again the medical records until June 25, 2014. Imaging studies show degenerative changes in the shoulder and glenohumeral arthritis. The medical records do not include a psychiatric evaluation to address issues of chronic pain and psychosocial issues contributing to the patient's complaints. Guidelines indicate that psychosocial evaluation is necessary prior to proceeding with surgery. In addition the medical records do not document any recent trial and failure of physical therapy. Established criteria for shoulder surgery not met. Therefore, this request is not 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 Official Disability Guidelines, 12th Edition, 2014 Low back ; Preoperative testing ; general.

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.

Ultra Sling QTY: 1.00: 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.

Cold Therapy Unit QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, Shoulder section, 2013 Continuous flow cryotherapy.

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.

Post-op physical therapy Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.