

Case Number:	CM14-0158732		
Date Assigned:	10/10/2014	Date of Injury:	06/18/2013
Decision Date:	11/13/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/27/2014

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 62-year-old male with an industrial injury dated 06/18/13. MRI of the left shoulder dated 08/08/13 reveals a partial rotator cuff tear, mild infraspinatus and supraspinatus tendinosis, and moderate acromioclavicular joint arthrosis and subacromial bursitis. Conservative treatments have included cortisone injections to the left shoulder, and a home exercise program. Exam note 08/13/14 states the patient returns left shoulder pain. The patient explains that the pain flares up at night, but denies any numbness or tingling. Upon physical exam of the left shoulder there is no muscle wasting, redness, swelling, or masses. Range of motion of the left shoulder is normal and muscle strength was noted as 5/5. Diagnosis is noted as impingement syndrome of the left shoulder. Treatment includes arthroscopic subacromial decompression with mini-open distal clavicle excision and exploration with possible repair of his rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy left shoulder for SAD and open distal clavicle resection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acromioplasty surgery

Decision rationale: According to the California MTUS - ACOEM Shoulder Chapter, pages 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section regarding acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. That is not present in this case according to the submitted clinical information from 8/13/14. In addition, night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 8/13/14 does not demonstrate evidence satisfying the above criteria. Therefore the request is deemed not medically necessary.

Physical Therapy x 9: 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 x 7 days: 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.