

Case Number:	CM14-0184128		
Date Assigned:	11/12/2014	Date of Injury:	07/19/2012
Decision Date:	12/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/05/2014

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 Minnesota. 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 injured worker is a 54 year old female who was injured on 7/19/2012. She underwent an MRI scan of the right shoulder which confirmed a full thickness rotator cuff tear, impingement, and acromioclavicular arthritis of the right shoulder. She underwent arthroscopic subacromial decompression and rotator cuff repair on 3/18/2014. She had the full course of physical therapy and regained shoulder motion but continued to experience pain. Imaging studies revealed distal clavicle osteonecrosis and osteoarthritis with inferiorly projecting osteophytes. The rotator cuff repair was intact. She had 7 additional PT sessions from 7/10/2014 through 8/5/2014 with improvement in range of motion. However, she continued to experience activity related shoulder pain. Examination has revealed acromioclavicular joint tenderness and evidence of impingement. An injection of the acromioclavicular joint on 4/23/2014 made the pain worse. An injection of corticosteroids into the subacromial space on 6/2/2014 helped for 7 days. The disputed issue pertains to a request for distal clavicle excision that was non-certified by UR for no pain relief with the AC joint injection and not enough conservative treatment. However, since that time records document another injection into the AC joint in September 2014 that resulted in 1 hour of total pain relief indicating that the AC arthritis was a significant pain generator. UR did not have this information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder distal clavicle excision: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: partial claviclectomy: Mumford procedure

Decision rationale: California MTUS does not address the issue. ODG guidelines indicate partial claviclectomy for persisting pain after 6 weeks of conservative care, location of pain at the AC joint; Tenderness over the AC joint; Pain relief with diagnostic injection of local anesthetic into the AC joint; and evidence of severe AC arthritis on imaging studies. The UR denial was for the negative initial diagnostic injection but additional records now indicate a positive diagnostic AC injection. The requirement for conservative treatment has also been satisfied. Therefore the surgery as requested is medically necessary.

Associated surgical service: 1 medical clearance including labs and EKG: Overturned

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) Section: Low back, Pre-op testing, general; pre-op lab

Decision rationale: Because of the presence of co-morbidities such as hypertension and use of medications that may result in electrolyte imbalance, as well as the history of uterine cancer and radiation and chemotherapy, pre-operative labs, EKG, and medical clearance are indicated per ODG guidelines. The request is medically necessary.

Associated surgical service: Seven day use of sling: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

Decision rationale: Post-operative use of a sling is recommended as an option after shoulder surgery for resting the shoulder. This request is therefore medically necessary per guidelines.

Associated surgical service: Seven day use of cold therapy device: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: Continuous flow cryotherapy is recommended as an option after shoulder surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics. As such the request for 7 days rental of cold therapy device is medically necessary per guidelines.

Associated surgical service: 12 post operative physical therapy visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11, 27.

Decision rationale: The initial course of therapy for impingement syndrome which is closest to the requested partial claviclectomy that is not listed is 12 visits per post-operative physical therapy guidelines. The post-surgical physical medicine period is 6 months. The requested 12 post-operative visits are therefore medically necessary.