

Case Number:	CM14-0026561		
Date Assigned:	04/28/2014	Date of Injury:	10/28/2013
Decision Date:	06/02/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 , has a subspecialty in Hand 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:

This patient is a 63-year-old gentleman who injured the right shoulder on October 28, 2013. The report of an MRI dated December 4, 2013 identified tendinosis of the supraspinatus and infraspinatus tendon without full thickness tearing. The February 11, 2014 follow-up assessment documented continued complaints of pain in the shoulder, particularly with overhead activities. The report documents that the patient has utilized a course of physical therapy, home exercises, and a corticosteroid injection which was only temporarily beneficial as he continues to be symptomatic. Examination showed mildly diminished range of motion, tenderness over the AC joint, positive impingement testing and intact rotator cuff strength. Based on failed conservative care, the recommendation was made for arthroscopy, subacromial decompression and a Mumford procedure. At time of the February 11, 2014 assessment, the patient underwent an anesthetic injection to the AC joint that provided temporary relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 211.

Decision rationale: Based on California ACOEM Guidelines, a right shoulder arthroscopy in this case would be supported. This individual has now failed six months of conservative care including injection therapy to both the subacromial space and the AC joint. He continues to be symptomatic and his MRI scan shows inflammatory changes to the rotator cuff. This individual has satisfied the ACOEM Guidelines with six months of conservative treatment, two injections, and continued symptoms. The role of operative intervention would be indicated.

ASSISTANT SURGEON: 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 MILLIMAN CARE GUIDELINES 17TH EDITION: ASSISTANT SURGEON.

Decision rationale: The California MTUS and ACOEM Guidelines do not address the use of an assistant surgeon. The Milliman Care Guidelines do not support the use of an assistant surgeon for an arthroscopy of the shoulder. This request would not be indicated.

POST OPERATIVE PHYSICAL THERAPY X12: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Rehabilitative Guidelines would support twelve sessions of initial physical therapy. The need for operative intervention has been supported. The initial twelve sessions of physical therapy would be necessary.

POST OPERATIVE DURABLE MEDICAL EQUIPMENT: ULTRASLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM , Table 9-3.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation as Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure -Postoperative abduction pillow sling.

Decision rationale: The California ACOEM Guidelines do not recommend the use of any sling for acute, subacute or chronic shoulder pain. Looking further into the Official Disability Guideline criteria, an Ultra Sling would not be indicated. ODG recommends that abduction slings are only indicated for large or massive rotator cuff repairs and are not generally recommended or necessary in the setting of a decompression. There is no documentation in the MRI report or on examination that the patient has full thickness rotator cuff pathology. While

the role of surgery is supported, the request for an Ultra Sling is not recommended as medically necessary.

ZOFRAN: Overturned

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: PAIN PROCEDURE - ANTIEMETICS (FOR OPIOID NAUSEA).

Decision rationale: The California MTUS and ACOEM Guidelines do not address the use of anti-emetics. When looking at Official Disability Guidelines, postoperative prescription of Zofran for nausea would be supported.

SUBACROMIAL DECOMPRESSION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: The California ACOEM Guidelines would support the role of a subacromial decompression. This individual has symptomatic impingement and has failed conservative care including injection therapy and continues to have positive physical examination findings. This portion of the operative procedure would be indicated.

MUMFORD PROCEDURE: Overturned

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 - PARTIAL CLAVICULECTOMY (MUMFORD PROCEDURE).

Decision rationale: The California MTUS and ACOEM Guidelines do not address a Mumford Procedure. When looking at Official Disability Guideline criteria, Mumford procedure also would be supported. This individual has degenerative findings on imaging, positive physical examination findings as well as a positive response to a therapeutic/diagnostic injection to the AC joint. A Mumford procedure would be medically indicated.