MAXIMUS Federal Services

Case Number:	CM14-0030178		
Date Assigned:	06/20/2014	Date of Injury:	04/14/2012
Decision Date:	08/06/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 30-year-old male who sustained vocational injuries while working as a police officer. The records available for review cite numerous dates of injury -- December 27, 2010; July 10, 2011; and April 14, 2012. The claimant's working diagnoses include: degenerative cervical disc disease in levels C4-5 and C5-6 with right-sided neural foraminal stenosis; Stage III impingement of the left shoulder with underlying SLAP tear; a history of degenerative lumbar disc disease at levels L4-5 and L5-S1 with no significant central foramina stenosis; and possible thoracic outlet syndrome of the left upper extremity. The reviewed records contain no documentation of previous pertinent surgical intervention. The records document that a December 26, 2012, MRI scan showed Stage III impingement of the left shoulder with underlying SLAP tear. However, the report was not provided for review. The report of left shoulder X-rays taken on May 10, 2013, showed Type II acromion with no acute abnormalities. According to a January 2014 office note, the claimant reports persistent neck and shoulder discomfort and pain with reaching, grasping and performing day-to-day activities. On physical examination, the claimant had decreased tone throughout the cervical paraspinal musculature with no gross focal point tenderness or spasm. Shoulder range of motion was forward flexion to 160 degrees, abduction to 150 degrees and external rotation to 60 degrees. Positive impingement signs are noted to be present with positive Speed's test, tenderness of the bicipital groove, and positive DeAnquin's. Conservative treatment to date has included cortisone injection, hydrotherapy and formal physical therapy. This request is for arthroscopic subacromial decompression, distal clavicle excision, bursectomy and rotator cuff repair with sub-pectoral tenodesis of the biceps versus SLAP repair of the left shoulder, and for preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Subacromial Decompression, Distal Clavicle Excision, Bursectomy and Rotator Cuff repair as inndicated with Sub-Pectoral Tenodesis of his Biceps versus SLAP Repair of the Left Shoulder: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates), Shoulder chapter: partial claviculectomy, SLAP lesions, ruptured biceps tendon.

Decision rationale: Based on California MTUS ACOEM and Official Disability Guidelines, the requested surgery would not be supported. The reviewed records document some conservative care but do not document a minimum three- to six-month course of conservative care, as recommended under both guidelines criteria. While the records note that the claimant underwent treatment with an injection, they are non-specific about the anatomic location of the injection. Finally, the left shoulder MRI scan report is referenced but not available for review. Therefore, it is unclear if there is pathology present that would indicate the need for surgical intervention. Absent this clinical information and documentation of a course of continuous conservative care, the request for arthroscopic subacromial decompression, distal clavicle excision, bursectomy and rotator cuff repair with sub-pectoral tenodesis of the biceps versus SLAP repair of the left shoulder cannot be considered medically necessary.

Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.Official Disability Guidelines (ODG); Low Back chapter, Office Visits and Pre-Op Medical testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.