

Case Number:	CM14-0036083		
Date Assigned:	06/23/2014	Date of Injury:	01/29/2013
Decision Date:	07/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/24/2014

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 47-year-old female who injured her left shoulder in a work related accident on 01/29/13. The records provided for review document that the claimant has been treated conservatively with medications, physical therapy, and two prior corticosteroid injections. The clinical record of 02/11/14 notes ongoing complaints of pain in the left shoulder, moderate to severe in nature, and worse with overhead activities. A physical examination showed mildly restricted range of motion, negative cross body testing, positive Neer and Hawkins testing, for a diagnosis of impingement syndrome with calcific tendonitis. There is no documentation of formal imaging for review. The recommendation was made for left shoulder open acromioplasty, distal clavicle resection, and repair of the rotator cuff. There was documentation by the treating physician, that a prior magnetic resonance (MR) arthrogram did not show full thickness rotator cuff pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder open procedure with a acromioplasty, distal clavicle resection, excision of the calcific tendinitis, with repair of the rotator cuff: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS: American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 9, Shoulder Complaints, page 210; and the Non-MTUS: Official Disability Guidelines (ODG), Shoulder Procedure - Partial Claviclectomy.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines (ODG), the request for left shoulder open acromioplasty, distal clavicle resection, excision of calcific tendinitis and repair of rotator cuff cannot be supported. The medical records provided for review do not contain any imaging reports to determine pathology of the shoulder. There is no documentation of full thickness rotator cuff pathology or examination finding that would be consistent with acromioclavicular joint degenerative change or symptoms to support the role of a distal clavicle excision. The acute need of the operative process as requested would not be supported and is therefore not medically necessary.

Physical therapy, 3 x6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for left shoulder open acromioplasty, distal clavicle resection, excision of calcific tendinitis, and repair of rotator cuff cannot be supported as medically necessary. Therefore, the request for physical therapy is not medically necessary.

Immobilizer, left shoulder, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 9, Shoulder, page 213. Sling is Recommended for Acute Rotator cuff tear; and the Non-MTUS: Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure - Postoperative Abduction Pillow Sling.

Decision rationale: The request for a left shoulder open acromioplasty, distal clavicle resection, excision of calcific tendinitis and repair of rotator cuff cannot be supported as medically necessary. Therefore, the request for a shoulder immobilizer is not medically necessary.