

Case Number:	CM14-0036326		
Date Assigned:	06/25/2014	Date of Injury:	03/20/2013
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 Family Practice 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 case involves a 47-year-old male claimant, who sustained a work injury on 3/20/13 involving the bilateral shoulders, neck, and low back. He has used oral analgesics and muscle relaxants for pain. He had undergone physical therapy. An MRI of the right shoulder in July 2013 indicated calcium deposits in the supraspinatus tendon and acromioclavicular arthritis. The pain was 8/10 and exam findings indicated limited range of motion of the right shoulder and impingement findings. The motor and sensory exams of the upper extremities were normal. The treating physician requested right shoulder debridement/subacromial decompression, Marcaine shoulder injection, and post-operative physical therapy. Exam findings and the physician request were recently repeated and identical on 6/2/14. The claimant was noted to be able to complete all activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION (SAD), EXTENSIVE DEBRIDEMENT MUMFORD PROCEDURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Indications for Surgery -- Acromioplasty.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that surgical decompression for impingement is not necessary when symptoms are mild or when the claimant can perform routine activities. In this case, the claimant does not have deterioration in the range of motion, has no neurological findings, and is able to perform routine daily activities. The request for surgical debridement and decompression is not medically necessary.

INJECTION WITH MARCAINE 0.25%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: The MTUS/ACOEM Guidelines indicate that anesthetic injections are recommended to distinguish impingement from other diagnosis. In this case, the indication for anesthetic injection was not specified by the treating physician. As a result, the Marcaine injection is not medically necessary.

POSTOPERATIVE PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: 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.