

Case Number:	CM14-0040631		
Date Assigned:	09/12/2014	Date of Injury:	12/05/2013
Decision Date:	10/20/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/04/2014

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 52-year-old who fell at work and injured her left shoulder on December 5, 2013. The medical records provide for review documented that claimant's current diagnosis as shoulder pain and rotator cuff tear. The report of an MRI identifies evidence of supraspinatus tearing, supraspinatus tendinosis, and a SLAP tear but specifically documents no evidence of bicipital tendinosis or acromioclavicular joint findings. The claimant is noted to have failed conservative care with a recent Utilization Review determination on March 5, 2014 authorizing left shoulder arthroscopy and rotator cuff repair. There are current clinical requests in direct relationship to the approved surgery to include a distal clavicle excision as well as a labral versus bicipital tenodesis. There is also a request for a 1-2 day inpatient length of stay and preoperative medical clearance. Further review of the claimant's clinical records fails to identify any evidence of underlying comorbidity or past medical history documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Distal clavicle excision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery- Acromioplasty; <http://www.odg-twc.com/odgtwc/shoulder.htm#surgery> and <http://www.odg-twc.com/odgtwc/shoulder.htm#surgerforimpingementsyndrome>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Partial claviclectomy (Mumford procedure)

Decision rationale: Based on the Shoulder Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, and supported by the Official Disability Guidelines, the request for distal clavicle excision would not be indicated. While ACOEM Guidelines recommend surgery when there is clear clinical evidence of imaging demonstrating a lesion shown to benefit from surgical process. The claimant's MRI scan fails to demonstrate evidence of degenerative or compressive pathology at the distal clavicle or acromioclavicular joint. Without imaging evidence of acromioclavicular joint findings, the acute role of a distal clavicle excision would not be supported. Therefore the request for a distal clavicle excision is not medically necessary or appropriate.

Labral versus biceps tenotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery- Ruptured Biceps Tendon Surgery: Criteria for tenodesis of long head of biceps, <http://www.odg-twc.com/odgtwc/shoulder.htm>

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 - Surgery for ruptured biceps tendon (at the shoulder)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for biceps tendon surgery would also not be indicated. This portion of the surgical process would not be supported as this individual has no evidence of bicipital inflammation or clinical findings on imaging to support acute clinical pathology. Without documentation of the above, the requested portion of the surgical process would not be indicated. Therefore, the request for labral versus biceps tenotomy is not medically necessary or appropriate.

A one-to-two day inpatient stay: 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 Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for an inpatient

stay of 1-2 days following shoulder arthroscopy would not be indicated. Currently, shoulder arthroscopy procedure without complications is deemed an outpatient surgical process with no indication for inpatient hospital admission. The request for a one-to-two day inpatient stay is not medically necessary or appropriate.

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

Decision rationale: California ACOEM Guidelines do not support preoperative medical clearance. There is no documentation that the claimant has any underlying past medical history or comorbid conditions that would require preoperative testing prior to an arthroscopic procedure for the shoulder. The request for medical clearance is not medically necessary or appropriate.