

Case Number:	CM14-0051754		
Date Assigned:	08/08/2014	Date of Injury:	11/22/2011
Decision Date:	09/11/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/21/2014

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:

This is a 42-year-old female who was injured in a work related accident 11/22/11. Records indicate an injury to the bilateral shoulders. She is status post a right shoulder arthroscopy, decompression and distal clavicle excision in July 2013. Specific to the left shoulder, a 03/15/12 MRI report demonstrated supraspinatus inflammation and tendinosis with no rotator cuff tearing. There were mild AC joint changes and mild degenerative changes of the glenohumeral joint. Recent clinical assessment for review from 02/05/14 indicated subjective complaints of pain about the left shoulder. Objectively there was full range of motion with tenderness over the AC joint as the area of maximal discomfort with positive impingement testing. Surgical intervention in the form of an arthroscopy, decompression and distal clavicle excision was recommended. There was also indication for possible rotator cuff and labral repair. There is no clear documentation of conservative care that has been utilized over the past six months in this individual's left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Possible Labral Repair, Possible RCR, Subacromial Decompression, Possible Distal Clavicle Excision, Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines- Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)--.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, surgical process would not be indicated. In regards to surgery for impingement, guidelines would support three to six months of conservative care including injections before proceeding with operative procedure. In this individual, there is no documentation of recent conservative measures or injectual therapy. The acute need for decompressed surgery to include distal clavicle excision and labral and rotator cuff assessment would not be indicated therefore Left Shoulder Possible Labral Repair, Possible RCR, Subacromial Decompression, Possible Distal Clavicle Excision, Debridement is not medically necessary.

Assistant Surgeon: 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 Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon.

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

12-16 Post-op Physical Therapy Sessions: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op medications: Keflex 500mg #12, Zofran 4mg, Ibuprofen 600mg #90, Colace 100mg #10, Norco 7.5/325mg #50, Vitamin C 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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