

Case Number:	CM14-0051914		
Date Assigned:	07/07/2014	Date of Injury:	05/06/2013
Decision Date:	09/23/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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:

The claimant is a 47-year-old female who sustained an injury to the right upper extremity on May 6, 2013. Medical records provided for review specific to the claimant's shoulder document continued complaints of pain due to repetitive stress. At the March 25, 2014 progress report examination revealed restricted range of motion at endpoints, 5/5 strength, with positive impingement and O'Brien's testing. The report of the October 31, 2013 MRI identified subacromial impingement, but no labral or rotator cuff pathology. The March 25th report stated that the claimant had failed conservative treatment including physical therapy, acupuncture, and anti-inflammatory agents. The recommendation was made for a shoulder arthroscopy, subacromial decompression and Mumford procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, possible arthroscopic decompression with acromioplasty, resection of coracoacromial ligament and or bursa as indicated, Mumford procedure:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Treatment in Worker's Comp; 18th Edition; 2013 Updates; Shoulder Chapter: Mumford procedure: partial claviclectomy, ODG Indications for Surgery -- Partial claviclectomy: Criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the proposed surgery right shoulder arthroscopy possible arthroscopic decompression with acromioplasty, resection of coracoacromial ligament and or bursa as indicated, Mumford procedure is not recommended as medically necessary. The documentation indicates that the claimant's MRI is consistent with impingement. The ACOEM Guidelines recommend that impingement should be treated with six months of conservative care including injection therapy prior to consideration of surgery. The records document that the claimant has failed conservative care but fail to confirm that all forms of conservative treatment including injecting therapy have been rendered. In absence of this documentation the proposed surgery cannot be recommended as medically necessary.

Pre-operative 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: The proposed surgery right shoulder arthroscopy possible arthroscopic decompression with acromioplasty, resection of coracoacromial ligament and or bursa as indicated, Mumford procedure is not recommended as medically necessary. Therefore, the request for preoperative medical clearance is also not medically necessary.

Post-operative Physical Therapy 3 times a week for 6 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 proposed surgery right shoulder arthroscopy possible arthroscopic decompression with acromioplasty, resection of coracoacromial ligament and or bursa as indicated, Mumford procedure is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.

Cold Therapy Unit: 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): 201-205, 555-556.

Decision rationale: The proposed surgery right shoulder arthroscopy possible arthroscopic decompression with acromioplasty, resection of coracoacromial ligament and or bursa as indicated, Mumford procedure is not recommended as medically necessary. Therefore, the request for a cold therapy unit is also not medically necessary.