

Case Number:	CM14-0056878		
Date Assigned:	09/10/2014	Date of Injury:	10/01/2001
Decision Date:	10/10/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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 69-year-old man injured on October 1, 2001. Clinical records provided for review document an injury to the left shoulder. The report of a December 5, 2013, left shoulder MRI identified diffuse tendinosis to the supraspinatus, but no indication of full thickness rotator cuff or labral pathology. Degenerative disease of the acromioclavicular joint was noted. Records from a March 31, 2014, assessment document continued bilateral shoulder complaints, greater on the left than on the right. Physical examination showed pain with cross body abduction, tenderness over the anterior acromion and acromioclavicular joint, positive impingement and restricted range of motion with no documented weakness. Based on what the records state is failed conservative care, this request is for: a left shoulder arthroscopy, distal clavicle excision and rotator cuff assessment; preoperative medical clearance; and postoperative services to include a one- to two-day inpatient hospital stay, 12 sessions of physical therapy, a 14-day rental of a cryotherapy unit, Percocet, Oxycontin and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy and Distal Clavicle Excision: 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 procedure - Partial claviclectomy (Mumford procedure)

Decision rationale: Based on the California MTUS ACOEM Guidelines and the Official Disability Guidelines, shoulder arthroscopy and distal clavicle excision would not be indicated. Under ACVOEM Guidelines criteria, surgery for impingement would be supported following three to six months of failed conservative care, including injection therapy. In this case, the reviewed records document continued complaints of pain but do not document trials of conservative management. Absent documentation of conservative care inclusive of injection therapy, the request for left shoulder arthroscopy and distal clavicle excision would not be indicated as medically necessary.

Inpatient Hospital Stay (1-2 days): 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: The request for left shoulder arthroscopy and distal clavicle excision is not established as medically necessary. Therefore, the request for a one- to two-day inpatient stay postoperatively is not medically necessary.

Pre-Op 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 cite any medical evidence for its decision.

Decision rationale: The request for left shoulder arthroscopy and distal clavicle excision is not established as medically necessary. Therefore, the request for preoperative medical clearance is not medically necessary.

Physical Therapy (2 times per week for 6-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: The request for left shoulder arthroscopy and distal clavicle excision is not established as medically necessary. Therefore, the request for 12 sessions of physical therapy postoperatively is not medically necessary.

VascuTherm Cold Therapy Unit (14-day rental): 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: The request for left shoulder arthroscopy and distal clavicle excision is not established as medically necessary. Therefore, the request for 14-day, postoperative rental of a Vascutherm cold therapy unit is not medically necessary.

Percocet (10/325mg, #90): 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: The request for left shoulder arthroscopy and distal clavicle excision is not established as medically necessary. Therefore, the request for the postoperative use of Percocet is not medically necessary.

Oxycontin (10mg, #60): 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: The request for left shoulder arthroscopy and distal clavicle excision is not established as medically necessary. Therefore, the request for the postoperative use of Oxycontin is not medically necessary.

Colace (250mg, #30): 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: The request for left shoulder arthroscopy and distal clavicle excision is not established as medically necessary. Therefore, the request for the postoperative use of Colace is not medically necessary.