

Case Number:	CM14-0057513		
Date Assigned:	07/09/2014	Date of Injury:	11/12/2013
Decision Date:	08/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/29/2014

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 injured worker is a 58-year-old male who reported an injury on 11/12/2013. The mechanism of injury was that the injured worker was taking a student to recess and a child on a tricycle cut out in front of the injured worker. The injured worker suffered a twisting injury and fell on the asphalt landing on the right hand and developing pain in the right shoulder. Prior treatments included five (5) sessions of physical therapy and a cortisone injection. The injured worker underwent an MRI of the right shoulder on 03/07/2014, which revealed supraspinatus tendinopathy. There was a mild lateral down-sloping of the acromion, which abutted the supraspinatus tendon. There was mild hypertrophy of the acromioclavicular joint, which demonstrated tiny subchondral cysts and subchondral marrow edema suggesting reactive degenerative changes. There was a mild amount of fluid in the subacromial subdeltoid bursa, which may reflect mild bursitis. There was mild glenohumeral joint effusion and there were a few small degenerative subchondral cysts in the humeral head. There was a type 2 acromion, with mild hypertrophy of the acromioclavicular joint, which did not impress the supraspinatus musculotendinous junction in the adducted scanner position. There was a mild lateral downsloping of the acromion which abutted the supraspinatus tendon. The progress report (PR-2) dated 04/08/2014, revealed that the injured worker continued to have pain and the cortisone injection on 03/14/2014 provided no relief. The injured worker had a positive cross-over sign with slight impingement and limited forward flexion and abduction. The diagnoses included right shoulder acromioclavicular (AC) joint degenerative disease and right shoulder impingement. The treatment plan included an ACR decompression and distal clavicle excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder distal clavicle excision, subacromial decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, page 560-561, and on the Official Disability Guidelines (ODG), Shoulder (updated 03/31/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Partial claviclectomy (Mumford procedure).

Decision rationale: The MTUS/ACOEM Guidelines indicate that surgical considerations may be appropriate for injured workers who have red flag conditions, activity limitations for more than four (4) months plus the existence of a surgical lesion and the failure to increase range of motion and strength of musculature around the shoulder, even after exercise programs plus clear clinical findings. Additionally, surgery for impingement syndrome is not indicated for injured workers who have mild symptoms or those who have no activity limitations. There should be documentation of conservative care, including injections for at least three to six (3-6) months before considering surgery. There should be findings of impingement upon the MRI. The clinical documentation submitted for review indicated that the injured worker had objective findings upon physical examination. Additionally, there were findings of a type 2 acromion that had a mild downsloping, which abutted the supraspinatus tendon. It was indicated there was mild hypertrophy of the acromioclavicular joint, which did not impress the supraspinatus musculotendinous junction in an adduction scanner position. There was lack of documentation of impingement. The clinical documentation indicated the injured worker had previously undergone physical therapy and a cortisone injection, which failed. Given the continued pain, this portion of the request, the continued pain, and objective findings upon examination, the failure of an injection, and MRI findings, this portion of the request would be supported. The MTUS/ACOEM Guidelines do not address distal clavicle resection. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a distal clavicle excision may be appropriate when there has been documentation of pain of at least six (6) weeks of care directed toward symptomatic relief plus pain at the acromioclavicular (AC) joint, aggravation of pain with shoulder motion or carrying weight, tenderness over the AC joint and conventional films showing post-traumatic changes of the AC joint. The clinical documentation submitted for review indicated that the injured worker had at least six (6) weeks of conservative care. The MRI revealed that the injured worker had possible reactive degenerative changes. However, there was lack of documentation of pain at the AC joint, aggravation of pain with shoulder motion or carrying weight. This portion of the request would not be supported. Given the above and the lack of support for both procedures, the request for right shoulder distal clavicle excision, subacromial decompression is not medically necessary.

Postoperative physical therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

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.

Shoulder immobilizer: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, page 561-563 and on the Official Disability Guidelines (ODG), Shoulder (updated 03/31/2014), Postoperative abduction pillow sling.

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.

Pre-operative labs: Complete blood count (CBC), Basic Metabolic Panel (BMP), Urinalysis (UA), Electrocardiogram (EKG): 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.