

Case Number:	CM14-0066726		
Date Assigned:	07/11/2014	Date of Injury:	04/10/1995
Decision Date:	08/13/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/09/2014

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 Georgia and Texas. 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 04/10/1995. The mechanism of injury was a right thumb crush and repetitive lifting. The documentation indicated the injured worker underwent prior treatments including steroid injection and aquatic therapy. The documentation of 01/28/2014 revealed the injured worker continued to have persistent problems with his shoulder, and there was a continuation for a request for an acromioplasty of the right shoulder. Documentation of 01/28/2014 revealed the injured worker had continued problems with his shoulder, and there was a continued request for authorization for outpatient possible Mumford procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Possible Mumford Procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Work Workers' Compensation, Shoulder and Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-211.

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have red flag conditions, activity limitation for more than 4 months, failure to increase in range of motion and strength of the musculature around the shoulder, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There were no objective findings to support the requested procedure. Additionally, there was no MRI submitted to support the request. Given the above, the request for outpatient possible Mumford procedure is not medically necessary.