

Case Number:	CM14-0081772		
Date Assigned:	07/18/2014	Date of Injury:	12/19/2013
Decision Date:	08/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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 Pennsylvania. 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 52-year-old female who injured the right shoulder in a work related accident on December 19, 2013. The records provided for review include a May 9, 2014 progress report documenting a diagnosis of shoulder rotator cuff tear, and acromioclavicular joint degenerative change. The report of an MRI scan showed evidence of degenerative change at the acromioclavicular joint and fluid over the rotator cuff. Physical examination findings showed tenderness at the acromioclavicular joint, positive Neer and Hawkin's testing, full range of motion and no weakness. The treating provider documented that his review of the MRI scan was consistent with full thickness pathology. No documentation of specific conservative care was noted. The recommendation was made for arthroscopy with rotator cuff assessment and a Mumford procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with possible Mumford procedure, Right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. 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)ODG Indications for Surgery

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the request for right shoulder arthroscopy and Mumford procedure would not be indicated. The records document that the imaging shows inflammatory findings of the shoulder with no evidence of full thickness rotator cuff tearing. The medical records also fail to document what recent conservative measures including injection therapy over the course of the last three to six months has been offered to the claimant. Without documentation of conservative measures as requested by ACOEM Guidelines, the acute need of operative intervention in this case has not been established. Therefore, the request is not medically necessary.