

Case Number:	CM14-0084753		
Date Assigned:	08/08/2014	Date of Injury:	10/01/2001
Decision Date:	09/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 69-year-old male who reported an injury on 10/01/2001. The mechanism of injury was a fall. The previous treatments included acupuncture, medication and injections. Within the clinical note dated 06/09/2014, it was reported the injured worker returned for a followup. No subjective complaints were provided for clinical review. On the physical examination, the provider noted the injured worker's left shoulder arch of pain started around 80 to 100. The external rotation was 40 degrees, and internally rotates to his buttocks. The provider that the injured worker had tenderness over the AC joint and pain with cross body adduction. The provider noted the injured worker had good relief from injections in the AC joint, but nothing long term. The clinical note dated 03/31/2014 reported an MRI was performed on "12/05/2014" which reportedly revealed a partial thickness cuff tear biceps inflammation as well as T2 changes in the AC joint and hypertrophy of the AC joint. However, the official MRI was not provided for clinical review. The provider requested an arthroscopy and distal clavicle excision. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 06/05/2014.

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): 210-211.

Decision rationale: The request for Left shoulder arthroscopy and distal clavicle excision is not medically necessary. The California MTUS/ACOEM guidelines note surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. Because the diagnosis is on a continuum with 1 rotator cuff condition, including rotator cuff syndrome and rotator cuff tendonitis, also refer to the previous discussion of rotator cuff tears. There is a lack of documentation of failure of conservative treatment for at least 3-6 months other than the injection specifically for the left shoulder. There is lack of clinical documentation indicating the injured worker has activity limitations. The official MRI was not provided for clinical review to support evidence of impingement. Therefore, the request is not medically necessary.

inpatient stay (1-2) days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's left shoulder arthroscopy and distal clavicle excision has not been authorized, the current request for inpatient stay (1-2) days is also not medically necessary. As such, the request is not medically necessary.

Medical clearance with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's left shoulder arthroscopy and distal clavicle excision has not been authorized, the current request for Medical clearance with [REDACTED] is also not medically necessary. As such, the request is not medically necessary.

Physical therapy two (2) times a week for (6) weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's left shoulder arthroscopy and distal clavicle excision has not been authorized, the current request for Physical therapy two (2) times a week for (6) weeks is also not medically necessary. As such, the request is not medically necessary.

Vascutherm cold therapy unit 14 day rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgery has not been authorized, the current request for Vascutherm cold therapy unit 14 day rental is also not medically necessary. As such, the request is not medically necessary.

Perocet 10/325mg one to two (1-2) q4-6hrs prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for Perocet 10/325mg one to two (1-2) q4-6hrs prn #90 is also not medically necessary. As such, the request is not medically necessary.

Oxycontin 10mg one (1) BID prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for Oxycontin 10mg one (1) BID prn #60 is also not medically necessary. As such, the request is not medically necessary.

Colace 250mg one (1) twice a day #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: As the injured worker's surgical procedure has not been authorized, the current request for Colace 250mg one (1) twice a day #30 is also not medically necessary. As such, the request is not medically necessary.