MAXIMUS Federal Services

Case Number:	CM14-0099543		
Date Assigned:	08/08/2014	Date of Injury:	03/26/2014
Decision Date:	09/12/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/28/2014

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 records, presented for review, indicate that this 63 year old male was reportedly injured on March 26, 2014. The mechanism of injury is undisclosed. The most recent progress note, dated June 24, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated a large lipoma on the posterior aspect of the right shoulder, good range of motion, significant acromioclavicular (AC) joint arthropathy and impingement. Diagnostic imaging studies objectified a high grade partial tear of the subscapularis with a medial subluxation of the biceps tendon. A moderate amount of AC joint arthropathy was also noted. Previous treatment included conservative care, medications, and physical therapy. A request was made for right shoulder scope, biceps tenotomy, acromioplasty, excision of AC joint, preoperative electrocardiogram (EKG) & clearance labs: renal function panel, Prothrombin time (PT), partial thromboplastin time (PTT) and sling, postoperative physical therapy, right shoulder one to two times a week for six weeks, assistant surgeon retro and was not certified in the preauthorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder scope qty 1: Overturned

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): 207-208.

Decision rationale: It is noted that at the time of the previous review, significant clinical information was not presented. A May 28, 2014 note calling objectifies the presence of significant acromioclavicular joint arthropathy as well as a defect in the rotator cuff. As such, when noting the parameters outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines and by the current clinical rationale now presented for review, there is a clinical indication for this surgical intervention.

Biceps tenotomy qty 1: Overturned

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): 207-208.

Decision rationale: It is noted that at the time of the previous review, significant clinical information was not presented. A May 28, 2014 note calling objectifies the presence of significant acromioclavicular joint arthropathy as well as a defect in the rotator cuff. As such, when noting the parameters outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines and by the current clinical rationale now presented for review, there is a clinical indication for this surgical intervention. This request is medically necessary.

Acromioplasty qty 1: Overturned

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): 207-208.

Decision rationale: It was noted that at the time of the previous review, significant clinical information was not presented. A May 28, 2014 note calling objectifies the presence of significant acromioclavicular joint arthropathy as well as a defect in the rotator cuff. As such, when noting the parameters outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines and by the current clinical rationale now presented for review, there is a clinical indication for this surgical intervention. This request is medically necessary.

Excision of AC joint qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: It is noted that at the time of the previous review, significant clinical information was not presented. A May 28, 2014 note calling objectifies the presence of significant acromioclavicular joint arthropathy as well as a defect in the rotator cuff. As such, when noting the parameters outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines and by the current clinical rationale now presented for review, there is a clinical indication for this surgical intervention. This request is medically necessary.

Pre operative EKG & clearance :labs, Renal function panel, PT, PTT qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

Decision rationale: When noting the additional clinical information now presented for review, with the understanding that there is a clinical indication for the surgical intervention, preoperative clearance is supported. This request is medically necessary.

Sling: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter updated July, 2014.

Decision rationale: When noting the current clinical information that supports surgical intervention, a sling postoperatively is warranted.This request is medically necessary.

Post operative physical therapy, right shoulder 1-2 times a week for 6 weeks qty 12: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the clinical indication for the surgical intervention, postoperative physical therapy is warranted. This reuwest is medically necessary.

Assistant surgeon retro 6/3/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedics Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder chapter, updated July 2014.

Decision rationale: When noting the pathology objectified on imaging studies, a second surgeon will be required to complete the surgery. This is clinically indicated, the request is medically necessary.