

Case Number:	CM14-0196717		
Date Assigned:	12/04/2014	Date of Injury:	03/17/1995
Decision Date:	01/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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:

57 year old female claimant with an industrial injury dated 03/17/95. The patient is status post multiple right shoulder surgeries; including a right proximal humerus with repeat autograft, and a free flap done for anterior deltoid loss. The patient is status post a left ankle surgery as of 05/30/14. Exam note 09/12/14 states the patient returns with right shoulder pain. Upon physical exam there was evidence of well-healed incisions on the right shoulder with no open wounds. It is noted that the patient is missing the anterior deltoid and has no flexion, abduction, internal rotation or external rotation. The patient was able to flex, extend, and abduct all of the digits in the right hand/wrist. The patient did experience numbness to the lateral two fingers on the hand with decreased sensation on the right compared to the left. Treatment includes a reconstruction surgery to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reconstructive surgery involving both bone and joint, as well as soft tissues: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the exam note from 9/12/14 demonstrates no open wounds which would require reconstructive surgery involving bone and soft tissue. Therefore, this request is not medically necessary.