

Case Number:	CM14-0200355		
Date Assigned:	01/13/2015	Date of Injury:	05/04/2010
Decision Date:	02/19/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 patient is a 62-year-old female with a date of injury of May 4, 2010. The patient had electrodiagnostic study which shows no evidence of cervical radiculopathy or carpal tunnel syndrome. MRI the right shoulder shows mild tendinopathy of multiple tendons in the shoulder. There is glenohumeral degenerative joint condition. The patient is diagnosed with a.c. joint arthritis and chronic shoulder pain. On physical examination there is tenderness to palpation of the a.c. joint and the biceps. The patient is reduced range of motion of the shoulder. At issue is whether shoulder surgeries medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder MUA with shoulder arthroscopy: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
 Page(s): 209-210.

Decision rationale: This patient does not meet criteria for shoulder surgery at this time. Specifically the medical records do not document physical exam findings that show shoulder pathology that warrant surgical treatment at this time. There is no clear correlation between imaging studies and physical examination. There is no evidence of complete rotator cuff tear. There is no evidence that the patient has exhausted conservative measures. There is no documentation of her recent trial and failure of physical therapy. There is no documentation a recent subacromial shoulder injection in the results of an injection. Criteria for shoulder surgery not met. More conservative measures are medically needed at this time.

Debridement vs. mini-open RC repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: This patient does not meet criteria for shoulder surgery at this time. Specifically the medical records do not document physical exam findings that show shoulder pathology that warrant surgical treatment at this time. There is no clear correlation between imaging studies and physical examination. There is no evidence of complete rotator cuff tear. There is no evidence that the patient has exhausted conservative measures. There is no documentation of her recent trial and failure of physical therapy. There is no documentation a recent subacromial shoulder injection in the results of an injection. Criteria for shoulder surgery not met. More conservative measures are medically needed at this time. MTUS shoulder complaints chapter pages 209-210.

SAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: This patient does not meet criteria for shoulder surgery at this time. Specifically the medical records do not document physical exam findings that show shoulder pathology that warrant surgical treatment at this time. There is no clear correlation between imaging studies and physical examination. There is no evidence of complete rotator cuff tear. There is no evidence that the patient has exhausted conservative measures. There is no documentation of her recent trial and failure of physical therapy. There is no documentation a recent subacromial shoulder injection in the results of an injection. Criteria for shoulder surgery not met. More conservative measures are medically needed at this time. MTUS shoulder complaints chapter pages 209-210.

Possible mod AC arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: This patient does not meet criteria for shoulder surgery at this time. Specifically the medical records do not document physical exam findings that show shoulder pathology that warrant surgical treatment at this time. There is no clear correlation between imaging studies and physical examination. There is no evidence of complete rotator cuff tear. There is no evidence that the patient has exhausted conservative measures. There is no documentation of her recent trial and failure of physical therapy. There is no documentation a recent subacromial shoulder injection in the results of an injection. Criteria for shoulder surgery not met. More conservative measures are medically needed at this time. MTUS shoulder complaints chapter pages 209-210.

Possible debridement of labrum: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: This patient does not meet criteria for shoulder surgery at this time. Specifically the medical records do not document physical exam findings that show shoulder pathology that warrant surgical treatment at this time. There is no clear correlation between imaging studies and physical examination. There is no evidence of complete rotator cuff tear. There is no evidence that the patient has exhausted conservative measures. There is no documentation of her recent trial and failure of physical therapy. There is no documentation a recent subacromial shoulder injection in the results of an injection. Criteria for shoulder surgery not met. More conservative measures are medically needed at this time. MTUS shoulder complaints chapter pages 209-210.

Possible excision of distal clavicle: 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 Chapter, Indications for Surgery- Partial Claviculectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: This patient does not meet criteria for shoulder surgery at this time. Specifically the medical records do not document physical exam findings that show shoulder pathology that warrant surgical treatment at this time. There is no clear correlation between imaging studies and physical examination. There is no evidence of complete rotator cuff tear. There is no evidence that the patient has exhausted conservative measures. There is no documentation of her recent trial and failure of physical therapy. There is no documentation a recent subacromial shoulder injection in the results of an injection. Criteria for shoulder surgery not met. More conservative measures are medically needed at this time. MTUS shoulder complaints chapter pages 209-210.

Pre op CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Preoperative Lab Testing

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Pre op CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Preoperative Lab Testing

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Pre op UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Preoperative Lab Testing

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Pre op chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Pre op EKG: Upheld

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

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Post op sling: 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 Chapter

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Post op physical therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.