

Case Number:	CM14-0201836		
Date Assigned:	12/12/2014	Date of Injury:	12/16/2010
Decision Date:	02/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/02/2014

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 Minnesota. 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 44-year-old male with a diagnosis of left shoulder impingement syndrome. There is also ossification of the acromioclavicular joint documented. There is a history of open reduction and internal fixation of fracture of the clavicle on September 7, 2011. Manipulation of the left shoulder was performed on 11/23/2011 for frozen shoulder and impingement syndrome. And the plate was subsequently removed. He had responded favorably to a corticosteroid injection for impingement in the past. A request for arthroscopy of the left shoulder with subacromial decompression and Mumford procedure was noncertified in the past for absence of documentation pertaining to a sufficient course of nonoperative treatment including an exercise program and corticosteroid injections for 3-6 months. The current request is again noncertified for the same reason. The noncertification of the Mumford procedure is appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mumford procedure, left 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, Indications for Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Mumford procedure.

Decision rationale: California MTUS guidelines state surgery for impingement syndrome which is usually arthroscopic decompression is indicated after 3-6 months of conservative care including cortisone injections and an exercise program. 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome or small tears is recommended. The Mumford procedure is performed for acromioclavicular arthritis as a part of the decompression. ODG guidelines indicate the partial claviclectomy (Mumford procedure) is indicated for posttraumatic arthritis of the acromioclavicular joint if there has been conservative care plus subjective findings of pain at the acromioclavicular joint aggravated by shoulder motion or carrying a weight or previous grade 1 or grade 2 acromioclavicular separation plus objective clinical findings of tenderness over the acromioclavicular joint and/or pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial plus imaging clinical findings of posttraumatic changes in the acromioclavicular joint or severe degenerative joint disease of the acromioclavicular joint or complete or incomplete separation and bone scan is positive for acromioclavicular joint separation. The guideline criteria for conservative treatment have not been met. As such, the request for a Mumford procedure for the left shoulder is not supported and the medical necessity is not substantiated.

Medical clearance: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Shoulder Sling: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.