

Case Number:	CM14-0066614		
Date Assigned:	07/11/2014	Date of Injury:	01/31/2003
Decision Date:	07/10/2015	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/09/2014

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: Minnesota, Florida
 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 injured worker (IW) is a 61-year-old male who sustained an industrial injury to the right shoulder on 01/31/2003. Diagnoses include right shoulder pain. Treatment to date has included NSAID medications, rest and activity modification. X-rays showed significant arthrosis at the acromioclavicular joint. According to the progress notes dated 4/9/14, the IW reported persistent pain in the right shoulder since the date of injury, which had recently worsened. He complained of a feeling of clicking or catching, weakness when reaching overhead and fatigue when doing light exercises. Pain medication provided partial relief. A request was made for arthroscopic versus open acromioplasty, distal clavicle resection; pre-operative medical clearance; 1 sling immobilizer; 12 post-operative physical therapy visits for the right shoulder; and 1 x-ray of the right shoulder under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic vs. Open Acromioplasty, Distal Clavicle Resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Indications for Surgery- Acromioplasty and Partial.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Mumford procedure.

Decision rationale: The California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. The 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 3-6 months before considering surgery. Two or three 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 are recommended. A review of the medical records indicates one injection with no reported relief. Abduction strength was 5/5. Pain relief of 60% with medication was reported. No activity limitations or severe symptoms were documented. ODG guidelines for a Mumford procedure include evidence of conservative care with no improvement, identification of the pain source by injecting the acromioclavicular joint, and evidence of severe acromioclavicular arthritis with impingement on the underlying supraspinatus muscle. The documentation provided does not support the above guideline criteria for a Mumford procedure. As such, the request is not supported and therefore is not medically necessary.

Pre-Operative 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.

Sling Immobilizer: 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.

Post-Operative Physical Therapy for the Right Shoulder (12-sessions): 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.

X-Ray of the Right Shoulder under Fluoroscopy: 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.