MAXIMUS Federal Services

Case Number:	CM15-0009144		
Date Assigned:	01/27/2015	Date of Injury:	06/13/2014
Decision Date:	04/02/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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
Certification(s)/Specialty: Neurological 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:

This 58 year old male reported falling from a platform onto concrete on June 13, 2014. He reported pain in the back and left shoulder with associated radiating pain to the upper extremities and was diagnosed with left shoulder strain, left shoulder posterior contusion and left shoulder AC joint separation grade II. The MRI of his left shoulder on 07/25/2014 showed no rotator cuff tear but some changes in the AC joint and superior labrum suggesting bone bruising. His PR2 on 09/25/2014 noted he was doing great and had virtually a full range of motion of the left shoulder. His left AC joint was minimally painful where he had the AC separation. He was encouraged to continue physical therapy and a home exercise program. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, work duty modifications and home exercise planning. However, the PR2 of 11/11/2014 indicated his shoulder flexion had reduced to 150 degrees, his abduction to 120 and he had medial scapular tenderness. Currently, the IW complains of pain in the back and left shoulder with associated radiating pain to the upper extremities as well as a tender, bump on the top of the left shoulder since the injury. On December 15, 2014, Utilization Review non-certified a request for a left shoulder AC stabilization with autogenous hamstring graft, ultra sling, cold therapy unit for a 7 day rental, medical clearance evaluation and assistant surgeon noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of requested left shoulder AC stabilization with autogenous hamstring graft, ultra sling, cold therapy unit for a 7 day rental, medical clearance evaluation and assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder AC stabilization with autogenous hamstring graft: Upheld

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

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-Surgery for AC joint separation.

Decision rationale: The ODG guidelines do not recommend surgery for AC joint separation. They state these patients can be treated conservatively and that cortisone injections can be tried. Documentation does not show that this plan is being considered by the provider or that the ODG guidelines admonition that conservative treatment of the AC dislocations is 21% more likely to have a satisfactory outcome than surgical treatment. The guidelines note the need for additional surgery is 7.4 times more likely and that infection is 3.2 times more likely with surgical management. Thus the requested treatment: Left shoulder AC stabilization with autogenous hamstring graft is not medically necessary and appropriate.

Post-operative ultrasling: Upheld

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

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 cold therapy unit, seven day rental: Upheld

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

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.

Pre-operative medical clearance evaluation: Upheld

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

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.

Related to surgical service: Assistant surgeon: Upheld

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

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.