MAXIMUS Federal Services

Case Number:	CM15-0102510		
Date Assigned:	06/04/2015	Date of Injury:	08/31/2000
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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: 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 is a 64-year-old male, with a reported date of injury of 08/31/2000. The diagnoses include osteoarthrosis of the right shoulder, status post total shoulder arthroplasty, advanced acromioclavicular joint arthritis with loose bodies, bony fragmentation, and osteolysis, and chronic right shoulder pain. Diagnostics and treatments to date have included x-rays of the right shoulder in 11/2014 which showed advanced acromioclavicular joint degenerative joint disease with osseous density of the distal clavicle osteolysis and oral medications. X-rays have not revealed any evidence of loosening of the total shoulder arthroplasty or other source for the shoulder pain. The medical report dated 05/11/2015 indicates that the injured worker had ongoing right shoulder pain and ongoing popping with abduction and adduction of the right upper extremity. The physical examination showed mild tenderness to palpation at the acromioclavicular joint region, no soft tissue swelling, crepitus, equivocal pain with resisted abduction and adduction, no effusion, no glenohumeral crepitus, forward flexion at 160 degrees, and external rotation at 30 degrees. The disputed request pertains to right shoulder arthroscopy with Mumford procedure and possible subacromial decompression, and associated surgical requests. Utilization review non-certified the requests citing ODG guidelines. This is a RETRO request for the surgery that has already been performed. The treating physician requested right shoulder arthroscopy with Mumford and subacromial decompression; assisted surgeon; cold therapy unit; and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with mumford and subacromial decompression: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Partial claviculectomy.

Decision rationale: The injured worker is status post right total shoulder arthroplasty and also has advanced acromioclavicular arthritis of the right shoulder. This is a RETRO review for partial claviculectomy. Utilization review noncertified the surgery for lack of documentation of injections and physical therapy prior to the surgical request. We have a letter from the provider dated June 15, 2015 according to which the injured worker had advanced degenerative joint disease of the right acromioclavicular joint with loose body formation and irregularity of the acromioclavicular joint that had been present for several years. X-rays of the right shoulder from November 2014 showed advanced degenerative joint disease of the acromioclavicular joint with osseous density and distal clavicle osteolysis. The symptoms had been progressively worse and therefore surgery was deemed necessary. At the time of surgery arthroscopic distal clavicle excision was performed with removal of loose bodies. The provider opined that in the presence of a total shoulder arthroplasty multiple steroid injections into the acromioclavicular joint may have predisposed the patient to an immunocompromised condition and possible infection of the total joint. Therefore he did not feel that corticosteroid injections were indicated except as a diagnostic test of the pain source. Radiology report dated 11/13/2014 compared to the prior report of 3/21/2011 revealed no change in the reasonable anatomic alignment of the right shoulder arthroplasty. There was fragmentation and deformity of the distal clavicle at the acromioclavicular joint, unchanged from 3/21/2011. ODG criteria for partial claviculectomy include 6 weeks of conservative care, subjective clinical findings of pain at the acromioclavicular joint with aggravation of pain with shoulder motion or carrying weight plus objective clinical findings of tenderness over the acromioclavicular joint and pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial plus imaging clinical findings of severe degenerative joint disease of the acromioclavicular joint. In this case, the symptoms are chronic and the acromioclavicular arthritis is advanced with associated fragmentation of the distal clavicle and formation of loose bodies and osteolysis of the distal clavicle indicating an advanced stage. The injured worker has a total shoulder arthroplasty and repeated corticosteroid injections are therefore not indicated. The physical examination reveals pain with adduction. There is a history of pain related to the golf swing from adducting the arm across the chest which correlates with the x-ray findings of advanced degenerative joint disease of the acromioclavicular joint. The utilization review non-certification was based upon absence of documentation indicating recent physical therapy or corticosteroid injections. However, based upon the severity of the osteoarthritis and the associated fragmentation with loose bodies in the joint, any exercise program is not likely to change the clinical picture and surgical intervention with a Mumford procedure is indicated. The provider indicated that he would do the Mumford procedure and possibly subacromial decompression if necessitated by the operative findings in the subacromial space. In light of the presence of a total shoulder arthroplasty, the arthroscopic procedure will be

confined to the extracapsular areas including the acromioclavicular joint and the subacromial space. The request as stated is appropriate and an exception can be made due to the presence of a total shoulder arthroplasty and relatively obvious evidence of severe pathology in the acromioclavicular joint. As such, the request for a Mumford procedure and possible subacromial decompression is medically necessary and appropriate.

Assistant surgeon: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons Assistant in Surgery 2013.

Decision rationale: The American College of Surgeons Statement of Principles indicates that the first assistant during a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis and serve other technical functions. The procedure for which a surgical assistant is requested is a Mumford procedure of partial claviculectomy with possible decompression of subacromial space. The American College of Surgeons 2013 Assistant at Surgery Consensus indicates that a surgical assistant is sometimes but not always needed for this procedure. As such, the request is medically necessary.

Cold therapy unit: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous flow cryotherapy as an option after shoulder surgery for 7 days. It reduces pain, swelling, inflammation, and need for narcotics after surgery. Use beyond 7 days is not recommended. The request as stated is for a cold therapy unit but does not specify if it is for rental or purchase. Furthermore, the duration of rental is not specified. As such, the request is not medically necessary.

Post-operative physical therapy qty 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 24 visits over 14 weeks for impingement syndrome. Partial claviculectomy is not listed and impingement syndrome is similar. Therefore the guidelines for impingement syndrome are referenced. The initial course of therapy is one half of these visits which is 12. Then with documentation of continuing functional improvement is subsequent course of 12 visits may be prescribed. The request as stated is for 15 visits which exceeds the guideline recommendations. As such, the request is not medically necessary and has not been substantiated.