

Case Number:	CM15-0106615		
Date Assigned:	06/11/2015	Date of Injury:	03/03/2014
Decision Date:	09/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

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 51 year old female, who sustained an industrial injury on 03/03/2014. On provider visit dated 04/16/2015 the injured worker has reported left shoulder pain. On examination of the left shoulder revealed tenderness over the rotator cuff at its insertions at the greater tuberosity and anterolateral over the acromion and over the inferior aspect of the AC joint. Decreased range of motion was noted and pain with motion. Moderate weakness was noted as well. The diagnoses have included left shoulder bursa and articular surface tear anterior supraspinatus tendon, bone marrow edema, lateral clavicle at the AC joint, calcific tendonitis, left shoulder impingement, early onset adhesive capsulitis-clinically, left bicipital tendonitis-clinical, left subacromial subdeltoid bursitis-clinically. Treatment to date has included injections, physical therapy, medications and acupuncture. The provider requested left shoulder manipulation under anesthesia arthroscopy with partial resection on distal clavicle (Mumford procedure) partial anterolateral acromioplasty with resection of the coracoacromial ligament, Norco and associated surgical services as follows: rental or purchase of Micro cool unit, purchase of shoulder abduction brace, 30 day rental of DVT compression pump with sleeves, 5 month rental of a transcutaneous electrical neurostimulation (TENS) unit, 2 month rental of interferential (IF) unit and 12 visits of acupuncture(post-operative).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder manipulation under anesthesia arthroscopy with partial resection on distal clavicle (Mumford procedure) partial anterolateral acromioplasty with resection of the coracoacromial ligament: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation and Physical Medicine. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6 and the Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Shoulder chapter (Acute & Chronic) online version, Manipulation under anesthesia and Regional anesthesia (for shoulder surgeries).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for adhesive capsulitis.

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the ODG Shoulder section, surgery for adhesive capsulitis, under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. The guidelines recommend an attempt of 3-6 months of conservative therapy prior to contemplation of manipulation and when range of motion remains restricted (abduction less than 90 degrees). In this case there is insufficient evidence of failure of conservative management in the notes submitted from 4/16/15. Until a conservative course of management has been properly documented, the determination is not medically necessary.

Associated surgical service: Rental or purchase of Micro Cool unit: 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.

Associated surgical service: purchase of shoulder abduction brace: 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.

Norco 5/325mg #60: 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.

Associated surgical service: 30 day rental of DVT (deep vein thrombosis) compression pump with sleeves: 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.

Associated surgical service: 5 month rental of a transcutaneous electrical neurostimulation (TENS) unit: 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.

Associated surgical service: 2 month rental of interferential (IF) unit: 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.

Associated surgical service: 12 visits of acupuncture (post-operative): 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.