

Case Number:	CM15-0010711		
Date Assigned:	01/28/2015	Date of Injury:	01/30/2014
Decision Date:	04/06/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/20/2015

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 41 year old male special education assistant on 1/30/2014 reported he was holding a large child's hand when the child dropped to the ground pulling the patient's right shoulder. He received NSAIDS, analgesic balm, work status change and physical therapy. A MRI of the shoulder on 3/18/14 disclosed supraspinatus and subscapularis tendinopathy. The diagnoses have included right shoulder trauma, internal derangement of right AC joint with impingement syndrome cervical musculoligamentous injury, cervical sprain/strain, right shoulder myoligamentous injury and right cervical radiculopathy. Treatment to date has included physical therapy, acupuncture, and medications. Nerve conduction studies and (EMG) Electromyogram studies were performed on 7/16/14. (MRI) magnetic resonance imaging of right shoulder and cervical spine were performed on 5/7/14 with disc protrusions noted on cervical spine and right shoulder was read as unremarkable. Currently, the injured worker complains of stiffness, pain and popping sound of right shoulder. It is noted the injured worker remained symptomatic despite a course of physical therapy. On 1/7/15 Utilization Review non-certified open decompression surgery of right shoulder, per-op clearance, post-op physical therapy, shoulder pulley kit purchase for home exercise and cold therapy unit 2 week rental for post-op, noting the lack of documentation and lack of medical necessity. The MTUS, ACOEM Guidelines, was cited. On 1/13/15, the injured worker submitted an application for IMR for review of open decompression surgery of right shoulder, per-op clearance, post-op physical therapy, shoulder pulley kit purchase for home exercise and cold therapy unit 2 week rental for post-op.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open decompression surgery for the right shoulder, with Mumford procedure: Upheld

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 Official Disability Guidelines (ODG) Shoulder Chapter-Surgery for impingement syndrome.

Decision rationale: The ODG guidelines indicate acromioplasty (decompression) would be recommended if imaging studies shows positive evidence of impingement. The provider cited the first MRI which describes a tendinopathy as evidence to support the surgical recommendation. However, the provider did not choose to cite the second MRI of the shoulder which was unremarkable. The ODG guidelines do recommend an MRI with contrast enhancement for SLAP tears. Documentation is not found that this recommendation was followed. Thus the requested treatment: Open decompression surgery for the right shoulder, with Mumford procedure is not medically necessary and appropriate.

Pre-operative clearance: Upheld

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 Since the requested treatment: Open decompression surgery for the right shoulder, with Mumford procedure is not medically necessary and appropriate, then the requested treatment: pre-operative clearance is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Open decompression surgery for the right shoulder, with Mumford procedure is not medically necessary and appropriate, then the requested treatment: pre-operative clearance is not medically necessary and appropriate.

Post-operative physical therapy, twice weekly for ten weeks: Upheld

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 Since the requested treatment: Open decompression surgery for the right shoulder, with Mumford procedure is not medically necessary and appropriate, then the requested treatment: post-operative physical therapy, twice weekly for ten weeks is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Open decompression surgery for the right shoulder, with Mumford procedure is not medically necessary and appropriate, then the requested treatment: post-operative physical therapy, twice weekly for ten weeks is not medically necessary and appropriate.

Post-operative shoulder pulley kit purchase for home exercise: Upheld

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 Since the requested treatment: Open decompression surgery for the right shoulder, with Mumford procedure is not medically necessary and appropriate, then the requested treatment: post-operative shoulder pulley kit purchase for home exercise is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Open decompression surgery for the right shoulder, with Mumford procedure is not medically necessary and appropriate, then the requested treatment: post-operative shoulder pulley kit purchase for home exercise is not medically necessary and appropriate.

Post-operative cold therapy unit for two week rental: Upheld

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 Since the requested treatment: Open decompression surgery for the right shoulder, with Mumford procedure is not medically necessary and appropriate, then the requested treatment: post-operative cold therapy unit for two week rental is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Open decompression surgery for the right shoulder, with Mumford procedure is not medically necessary and appropriate, then the requested treatment: post-operative cold therapy unit for two week rental is not medically necessary and appropriate.