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| Case Number: | CM15-0140650 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 02/17/2015 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/20/2015 |
| Priority: | Standard | Application Received: | 07/21/2015 |

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: Montana, Oregon, Idaho

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 54-year-old female who sustained an industrial injury on 02/17/15. She reported left shoulder pain. The injured worker is diagnosed with having left shoulder impingement syndrome. Diagnostic testing and treatment to date has included radiographic imaging, physical therapy which made her pain worse, and pain medication management; she has a history of allergic reaction to pain medications. Currently, the injured worker complains of left shoulder pain. Requested treatments include arthroscopic subacromial decompression left shoulder, and Mumford procedure. The injured worker is under modified duty. Date of Utilization Review: 07/20/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Subacromial Decompression Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam notes from 5/6/15 and 7/8/15 do not demonstrate evidence of previous trial of subacromial injection therapy. Therefore, the request for arthroscopic subacromial decompression is not medically necessary.

Mumford Procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Based upon the CA MTUS Shoulder Chapter. Pgs 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for posttraumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case, the exam note from 5/6/15 and 2/8/15 do not demonstrate relief of acromioclavicular symptoms after a trial of intraarticular anesthetic injection. The imaging findings from 4/8/15 do demonstrate mild osteoarthritis of the acromioclavicular joint. Therefore the criteria for this diagnosis are not met and the request for left shoulder mumford procedure is not medically necessary.