

Case Number:	CM15-0200857		
Date Assigned:	10/20/2015	Date of Injury:	01/13/2015
Decision Date:	12/22/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
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 48 year old female, who sustained an industrial injury on 01-13-2015. A review of the medical records indicates that the worker is undergoing treatment for shoulder impingement, rotator cuff tendon tear and shoulder tendonitis. A physician progress note on 02-19-2015 noted that the injured worker had a recent stroke from which she was still recuperating. Subjective complaints (06-11-2015, 08-16-2015, 09-01-2015) included persistent left shoulder pain and weakness. Objective findings (06-11-2015, 08-16-2015, 09-01-2015) included significant tenderness to palpation of the left shoulder anteriorly, posteriorly and lateral, positive Hawkin's, apprehension, empty can, belly press and lift off tests and Speed's and Apley's test of the left shoulder. Treatment has included pain medication. MRI of the left shoulder on 08-10-2015 showed small partial-thickness tear along the inferior surface distal supraspinatus portion of the rotator cuff and minimal degenerative changes at the acromioclavicular joint. The physician noted on 09-10-2015 that the worker had significant functional impairment and weakness with feelings of instability, that conservative measures had been exhausted and that surgery was recommended. A utilization review dated 09-18-2015 non-certified requests for left shoulder arthroscopic Mumford procedure, left shoulder arthroscopic acromioplasty, left shoulder arthroscopic Bankhart procedure-SLAP repair and post-operative physical therapy for the left shoulder (18 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Mumford Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Indications for Surgery: Partial Claviculectomy (includes Mumford procedure).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Partial Claviculectomy.

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 Claviculectomy, states surgery is indicated for post traumatic 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 9/1/15 and the imaging findings from 8/10/15 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the proposed distal clavicle excision is not medically necessary and thus the determination is not medically necessary.

Left Shoulder Arthroscopic Acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Indications for Surgery: Partial Claviculectomy (includes Mumford procedure).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder section, acromioplasty.

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 that is not present in the submitted clinical information from 9/10/15. 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 note from 9/10/15 does not demonstrate evidence satisfying the above criteria. Therefore the determination is not medically necessary.

Left Shoulder Arthroscopic Bankhart Procedure/SLAP Repair: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Indications for Surgery: Partial Claviclectomy (includes Mumford procedure).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, labral tear surgery.

Decision rationale: 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. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. There is insufficient evidence from the exam note of 9/1/15 to warrant labral repair secondary to lack of physical examination findings, lack of documentation of conservative care or characterization of the type of labral tear. Therefore determination is not medically necessary.

Post-Operative Physical Therapy for the Left Shoulder (18-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Dislocation of shoulder (ICD9 831): Postsurgical treatment (Bankart): 24 visits over 14 weeks. The guidelines recommend an "initial course of therapy" to mean one half of the total number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. In this case the requested number of visits exceeds the recommended initial course of therapy and thus the determination is not medically necessary.