MAXIMUS Federal Services

Case Number:	CM15-0205782		
Date Assigned:	10/22/2015	Date of Injury:	06/16/2015
Decision Date:	12/10/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/19/2015

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 58-year-old male, who sustained an industrial injury on June 16, 2015, incurring right shoulder injuries. Magnetic Resonance Imaging of the right shoulder revealed a full thickness rotator cuff tear, subacromial impingement syndrome and acromioclavicular joint arthritis. He was diagnosed with a rotator cuff tear, and right shoulder strain. Treatment included moist heat, pain medications, muscle relaxants, anti-inflammatory drugs, work modifications, and activity restrictions. Currently, the injured worker complained of decreased range of motion of the right shoulder with increased pain. The pain radiated down into his arm noting decreased strength with flexion, extension, abduction and adduction. The injured worker was recommended for a surgical repair of the right shoulder. The treatment plan that was requested for authorization included a right shoulder arthroscopy, Rotator Cuff Repair, possible Labral, SAD, and Mumford; and DME: Hot and Cold Contrast unit. On October 7, 2015, a request for a right shoulder arthroscopy, Rotator Cuff repair and subacromial decompression was modified for approval. The distal clavicle excision (Mumford) was denied and the Hot and Cold Contrast unit was non- certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Rotator Cuff Repair, Possible Labral, SAD, Mumford: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Shoulder - Partial Claviculectomy, Indication for Surgery- Rotator Cuff Repair, http;//circ.ahajournal.org/cgi/content/full/116/17/e418.

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

Decision rationale: The injured worker is a 58-year-old male with a date of injury of 6/16/2015. He complains of right shoulder pain. The utilization review has certified surgery for the right shoulder including arthroscopy, subacromial decompression, rotator cuff repair, but noncertified a Mumford procedure. The reason was lack of documentation of pain over the acromioclavicular joint and no evidence of osteoarthritis on imaging studies. However, the medical records available at this time document significant symptoms in the acromioclavicular joint as well as imaging findings. Progress notes dated September 28, 2015 indicate tenderness over the acromioclavicular joint, pain with cross arm adduction of the right shoulder, and MRI evidence of hypertrophic acromioclavicular arthritis of the right shoulder. ODG guidelines indicate partial claviculectomy (Mumford procedure) after 6 weeks of conservative care, pain at the acromioclavicular joint, objective findings of tenderness over the acromioclavicular joint, and imaging findings of severe DJD of the acromioclavicular joint. Based upon the clinical examination as well as MRI findings a partial claviculectomy is appropriate and medically necessary. As such, the request for arthroscopy of the right shoulder, subacromial decompression, rotator cuff repair, possible labral repair, and partial claviculectomy is supported and the medical necessity has been substantiated.

Associated Surgical Services: DME: Hot /Cold Contrast 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) Neck & Upper Back- Heat Cold Applications, Chapter 13.

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: Continuous flow cryotherapy.

Decision rationale: With respect to the request for hot/cold unit, the request as stated does not specify if this is a rental or purchase and if rental, it does not specify the duration of rental. ODG guidelines indicate continuous flow cryotherapy as an option after shoulder surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended and therefore a purchase is not necessary. Furthermore, the guidelines do not recommend heat as an option after shoulder surgery. As such, the request for hot/cold unit as stated is not supported and the medical necessity of the request has not been substantiated.