MAXIMUS Federal Services

Case Number:	CM15-0021086		
Date Assigned:	02/10/2015	Date of Injury:	12/19/2005
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 62-year-old [redacted] employee who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of December 19, 2005.In a Utilization Review Report dated January 28, 2015, the claims administrator approved a shoulder arthroscopy and also approved an acromioclavicular joint arthroplasty while denying a one- to two-day inpatient hospital stay. A medical clearance with an internal medicine specialist was also denied. The claims administrator referenced a January 8, 2015 progress note in its determination. The claims administrator referenced Hospital Length of Stay Guidelines on shoulder arthroscopy procedure to deny the one- to two-day hospital stay. The claims administrator also referenced non-MTUS ODG guidelines to deny the consultation.The applicant's attorney subsequently appealed.In a January 7, 2015 office visit, the applicant reported persistent complaints of shoulder pain which had proven recalcitrant to physical therapy and corticosteroid injection therapy. The applicant had ancillary complaints of elbow epicondylitis. Soma and Lyrica were endorsed. The attending provider seemingly sought authorization for shoulder surgery to include an arthroscopy, distal claviculectomy, and acromioclavicular joint arthroplasty. The applicant was using Prevacid and OxyContin for pain relief, it was acknowledged. A preoperative evaluation was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1-2 Day in-patient hospital stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital length of stay (LOS) guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders ODG hospital length of stay (LOS) guidelines:

Decision rationale: 1. Yes, the proposed one- to two-day inpatient hospitalization was/is medically necessary, medically appropriate, and indicated here.The MTUS does not address the topic. However, ODG's Shoulder Chapter Hospital Length of Stay Guidelines do note that the best practice target following a total shoulder arthroplasty, a procedure analogous to the acromioclavicular joint arthroplasty seemingly approved here/transpiring here, is two days. ODG also notes that the best practice target following an uncomplicated revision arthroplasty procedure, another procedure analogous to the acromioclavicular joint arthroplasty transpiring here, is one day. Thus, the request for one- to two-day hospitalization associated with the applicant's multiple surgical procedures, thus, is in-line with ODG parameters. Therefore, the request is medically necessary.

One medical clearance with an internal specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: 2. Similarly, the request for a medical clearance with an internal specialist is likewise medically necessary, medically appropriate, and indicated here.The MTUS Guideline in ACOEM Chapter 9, page 210 notes that counseling regarding likely outcomes, risks and benefits and expectations is very important in applicants in whom surgery is a consideration. Here, the applicant is set to undergo multiple shoulder surgery procedures. The applicant is apparently an opioid-dependent individual. The applicant was/is using two opioids, OxyContin and Percocet, prior to surgery. Obtaining a preoperative evaluation to address various issues, including potential pain management issues postoperatively, thus, was/is indicated. Therefore, the request was medically necessary.