

Case Number:	CM15-0035973		
Date Assigned:	04/08/2015	Date of Injury:	04/09/2013
Decision Date:	05/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 injured worker is a 41-year-old male who reported an injury on 04/09/2013. The injured worker underwent two subacromial corticosteroid injections. The mechanism of injury was a ladder collapsed and the injured worker fell into a trenched area that caused immediate collapse of his right leg and knee. The fall was approximately 12 feet. The injured worker was noted to have an MRI of the left shoulder on 05/21/2014, which indicated a minimal tear of the distal portion of the supraspinatus and it was noted to be questionable if there was some muscular fiber tearing as well. The documentation of 02/05/2015 revealed the injured worker had increased pain in the left shoulder more than the right. The injured worker was having difficulty sleeping on the left side. The injured worker had aching with activity, especially abduction of the shoulder. The injured worker was noted to have relief with injection for 1 week. Examination of the left shoulder revealed the injured worker had 110 degrees in abduction. The injured worker had 100 to 105 degrees of forward flexion in the left shoulder, 50% restriction of external rotation in the left shoulder, and 65 degrees of internal rotation. The injured worker had weakness of the abductors and external rotators of the left shoulder. There was exquisite tenderness over the AC joint of the left shoulder, exquisite tenderness over the anterolateral aspect of the acromion, and exquisite tenderness over the left subacromial bursa lateral to the acromion. Flexion, adduction, and internal rotation caused marked accentuated pain. The diagnoses included impingement syndrome left shoulder, left acromioclavicular joint disorder, left subacromial subdeltoid bursitis, and partial tear of the rotator cuff of the left shoulder with possible full thickness tear. The documentation indicated the injured worker had trialed conservative treatment, including an

injection and medications, and the physician opined the injured worker should be considered for arthroscopy with arthroscopic surgery to the left shoulder. The request was made for a manipulation under anesthesia and an inclusion of a partial resection of the distal end of the left clavicle, partial anterolateral acromioplasty of the shoulder with resection of the coracoacromial ligament, extensive debridement of the subacromial bursa and rotator cuff of the left shoulder, lysis of adhesions of the rotator cuff of the left shoulder, intra-articular injection of the left shoulder, and possible rotator cuff repair. The injured worker's postoperative medications were noted to include Keflex 500mg, Ultram 50mg, and Norco 5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Surgery for the Left Shoulder, Manipulation Under Anesthesia to Include Partial Resection of the Distal End of the Left Clavicle (Mumford Procedure), Partial Anterolateral Acromioplasty of the Shoulder With Resection of the Coracoacromial Ligament, Extensive Debridement of the Subacromi: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 210-211. Decision based on Non-MTUS Citation ODG Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Partial Claviclectomy.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. They do not however address Mumford resection. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that for a partial claviclectomy, there should be documentation of at least 6 weeks of care directed toward symptomatic care, plus pain at the AC joint and aggravation of pain with shoulder motion or carrying weight, plus there should be tenderness over the AC joint and pain relief with an injection of anesthetic for diagnostic therapeutic trial plus conventional films showing post-traumatic changes of the AC joint. The clinical documentation submitted for review failed to provide documentation of extensive conservative care, including physical medicine treatment. The duration of conservative care was not provided. There was tenderness over the AC joint and pain relief with an injection of anesthetic for diagnostic therapeutic trial. However, there was a lack of documentation of post-traumatic changes of the AC joint. There was documentation the injured worker had increased signal in the deltoid region and the presence of muscular fiber tear or soft tissue injury should be questioned. There was a minimal tear of the distal portion of the

supraspinatus tendon that was questioned. However, there was no specific tear noted. Given the above and the lack of documentation, the request is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre Operative Labs (CBC, Chem 12, PT, PTT, Hemoglobin A1C, Urinalysis, Chest PA and Lateral X-Rays, EKG, and Pulmonary Function Test): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Shoulder Abduction Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Micro Cool Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: IFC Unit with Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: TENS Unit with Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Exercise Kit for the Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Motorized Compression Pump and Stockings: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Keflex 500mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Operative Physical Therapy (12-visits): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Operative Acupuncture (12-visits): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.