

Case Number:	CM15-0086551		
Date Assigned:	05/08/2015	Date of Injury:	01/30/2014
Decision Date:	07/10/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/05/2015

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 41 year old male, who sustained an industrial injury on 01/30/2014. He reported injuring his arm with complaints of right shoulder pain after a fall. The injured worker is currently working modified duty. The injured worker is currently diagnosed as having internal derangement of the right acromioclavicular joint with impingement syndrome. Treatment and diagnostics to date has included physical therapy, right shoulder MRI, cardiorespiratory function assessment, Sudoscan, and medications. In a progress note dated 12/11/2014, the injured worker presented with complaints of right shoulder pain. Objective findings include tenderness of the acromioclavicular joint and positive impingement signs noted. The treating physician reported requesting authorization for right shoulder surgery and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Decompression surgery of right shoulder with Mumford procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery for impingement syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 213. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Mumford procedure.

Decision rationale: The California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. The procedure is not indicated for patients with mild symptoms or those who have no activity limitations. The diagnosis can be confirmed by an injection of local anesthetic into the subacromial space to localize the pain source. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome or small tears are recommended. In this case, an open subacromial decompression has been requested. The guidelines clearly indicate that the surgery for impingement syndrome is arthroscopic and not open decompression. The reason for the open procedure has not been documented. Furthermore, there is no documentation of 3-6 months of an exercise rehabilitation program with 2-3 injections as necessitated by guidelines with associated failure. ODG guidelines for a Mumford procedure necessitates similar conservative care and point tenderness over the acromioclavicular joint as well as imaging evidence of severe acromioclavicular arthritis. An injection of local anesthetic into the acromioclavicular joint to localize the pain source is also recommended. In light of the foregoing, the guideline recommendations have not been met. As such, the request for open subacromial decompression and Mumford procedure is not supported and the medical necessity of the request has not been substantiated.

Associated surgical services: Preoperative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery for impingement syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 213.

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

Post operative physical therapy, twice a week for ten weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery for impingement syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 213.

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

Associated surgical services: Shoulder pulley kit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 213.

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

Associated surgical services: Cold Therapy unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 213.

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