MAXIMUS Federal Services

Case Number:	CM14-0161849		
Date Assigned:	10/07/2014	Date of Injury:	08/29/2012
Decision Date:	11/07/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 61-year old male who sustained a vocational injury on 08/29/12. The medical records provided for review included the office note dated 08/18/14, at which time it was noted that the claimant's pain "comes and goes" but increased with overhead, pulling, and twisting activities. It appears that some pages are missing from this office note as there were no documented objective findings on examination. The report of a CT arthrogram of the left shoulder performed on 8/8/14 identified degenerative/arthritic changes affecting the glenohumeral articulation with subchondral irregularity of the superior medial humoral head. No discreet labral tear was evident. There was synovial rotator cuff tear or muscle attribute evident. There is moderate acromioclavicular joint atrophy without significant narrowing of the supraspinatus outlet. This review is for left shoulder arthroscopy, subacromial decompression, resection of the distal clavicle, treatment of any rotator cuff pathology, and the use of an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with SAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The California ACOEM Guidelines recommend that prior to considering shoulder surgery; there should be clear documentation of activity limitation for more than four months plus the existence of a surgical lesion. There should also be documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion that has been shown to benefit, in both the short and long-term from surgical repair. The medical records provided for review do not contain any documentation of activity limitation for greater than four months and there are no abnormal objective findings on examination to establish the medical necessity of the requested procedure. In addition, there is lack of documentation of failure of conservative treatment which would be considered medically necessary prior to recommending the proposed surgery. Therefore, based on the documentation presented for review and the ACOEM Guidelines, the request for left shoulder arthroscopy and subacromial decompression is not medically necessary.

Resection of distal clavicle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The California ACOEM Guidelines recommend that prior to considering shoulder surgery, there should be clear documentation of activity limitation for more than four months plus the existence of a surgical lesion. There should also be documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion that has been shown to benefit, in both the short and long-term from surgical repair. The medical records provided for review do not contain any documentation of activity limitation for greater than four months and there are no abnormal objective findings on examination to establish the medical necessity of the requested procedure. In addition, there is lack of documentation of failure of conservative treatment which would be considered medically necessary prior to recommending the proposed surgery. Therefore, based on the documentation presented for review and the ACOEM Guidelines, the request for left shoulder arthroscopy and resection of the distal clavicle is not medically necessary.

Treatment of any rotator cuff pathology w/ assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines, Inpatient and Surgical Care: Assistant Surgeon

Decision rationale: The California ACOEM Guidelines recommend that prior to considering shoulder surgery there should be clear documentation of activity limitation for more than four months plus the existence of a surgical lesion. There should also be documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion that has been shown to benefit, in both the short and long-term from surgical repair. The medical records provided for review do not contain any documentation of activity limitation for greater than four months and there are no abnormal objective findings on examination to establish the medical necessity of the requested procedure. In addition, there is lack of documentation of failure of conservative treatment which would be considered medically necessary prior to recommending the proposed surgery. Therefore, based on the documentation presented for review and the ACOEM Guidelines, the request for left shoulder arthroscopy for treatment of any rotator cuff pathology with an assistant surgeon is not medically necessary.