

<b>Case Number:</b>	CM14-0162835		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 45 year old gentleman who sustained an injury to his left shoulder on 01/04/14 while operating a forklift in a manual fashion. The records provided for review included the report of an MRI dated 04/25/14 revealing mild to moderate acromioclavicular joint arthrosis with inflammatory changes at the subacromial space indicative of impingement syndrome. There was no indication of full thickness rotator cuff tearing or pathology. The follow up report of 05/06/14 noted continued pain with active and passive range of motion. Physical examination showed a positive Neer, Hawkin's, Speed's and O'Brien's testing. It is documented that failed conservative treatment has included physical therapy and a corticosteroid injection. This review is for surgery of a subacromial decompression, bicep tenodesis, rotator cuff repair, Mumford procedure and preoperative testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-214.

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

**Decision rationale:** Based on the California ACOEM Guidelines, the request for surgical subacromial decompression would not be indicated. While the medical records identify the conservative treatment has included a steroid injection and physical therapy, there is no documentation of six months of care from the documented date of injury to the time of the surgical request to support the role of operative procedure. The surgical request was roughly four months from the time of injury. Without documentation of six months of conservative care, this individual fails to meet ACOEM Guideline criteria for the role of surgical intervention to include a subacromial decompression.

**Bicep tenodesis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-214.

**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: Biceps tenodesis

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for surgical biceps tenodesis would not be indicated. While the medical records identify the conservative treatment has included a steroid injection and physical therapy, there is no documentation that the claimant has also been treated with NSAIDS as recommended by the ODG Guidelines. This individual fails to meet the ODG Guideline criteria for the role of surgical intervention to include a subacromial decompression and biceps tenodesis. The request is not medically necessary.

**Cuff repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-214.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** Based on the ACOEM Guidelines, the request for cuff repair is not recommended as medically necessary. The ACOEM Guidelines recommend surgical repair for rotator cuff tears after failure of conservative treatment. The medical records do not confirm that the claimant has failed an exhaustive trail of conservative treatment. Therefore, the requested surgery is not recommended as medically necessary.

**Mumford decompression:** 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), Shoulder Chapter, Partial Claviclectomy

**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; Partial Claviclectomy (Mumford Procedure)

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for a Mumford Procedure is not recommended as medically necessary. The medical records do not confirm that the claimant has exhausted a full course of conservative treatment. This individual fails to meet the ODG Guideline criteria for the role of surgical intervention to include a Mumford Procedure.

**Physical therapy 2 x 6:** 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 procedures are not medically necessary, none of the associated services are medically necessary.

**Pre-op labs:** 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 procedures are not medically necessary, none of the associated services are medically necessary.

**EKG:** 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 procedures are not medically necessary, none of the associated services are medically necessary.

**CXR:** 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 procedures are not medically necessary, none of the associated services are medically necessary.

**Outpatient hospital admit:** 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 procedures are not medically necessary, none of the associated services are medically necessary.

**CBC:** 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 procedures are not medically necessary, none of the associated services are medically necessary.

**CMP:** 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 procedures are not medically necessary, none of the associated services are medically necessary.