

Case Number:	CM14-0162895		
Date Assigned:	10/08/2014	Date of Injury:	02/09/2013
Decision Date:	11/07/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	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:

This is a 48-year-old female with a documented date of injury on 02/09/13. She injured her right and left upper extremity while performing repetitive duties as a technician. Medical records provided for review specific to the claimant's right shoulder included the 08/05/14 progress report that documented continued complaints of pain. Reviewed at that visit was a 08/06/13 MRI that was documented to show supraspinatus partial thickness tearing with low-grade intrasubstance tearing to the infraspinatus and intraarticular inflammation at the biceps tendon. The formal report was not provided in the records. The claimant complained of constant right shoulder pain and decreased mobility. Physical examination findings showed tenderness to palpation with positive Neer and Hawkin's impingement testing. There was tenderness to palpation over the infraspinatus, biceps tendon, lateral deltoid, and sub acromial bursa. The report documented that the claimant had failed conservative care including injection therapy. A repeat MRI scan was recommended. Also unavailable for review was the repeat MRI dated 09/06/14, which was documented to show acromioclavicular arthrosis and focal tearing of the labrum with severe rotator cuff tendinosis. Further physical examination findings were not noted. There is a current request for an arthroscopic versus open Mumford procedure for this individual. There is no indication of prior surgery to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Versus Open Mumford Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Partial Claviclectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Chapter; Shoulder procedure - Partial Claviclectomy (Mumford procedure)

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for an isolated Mumford procedure would not be indicated. While the claimant is noted to have acromioclavicular joint degenerative change and pain on recent examination, the claimant is also noted to have significant rotator cuff inflammation, positive impingement signs, and evidence of labral pathology. While the role of a Mumford procedure may be indicated, its use as an isolated intervention for this claimant with current signs and symptoms consistent with rotator cuff tendinosis, impingement syndrome, and labral pathology would not be supported.