

Case Number:	CM15-0112483		
Date Assigned:	06/19/2015	Date of Injury:	12/31/2007
Decision Date:	09/09/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/10/2015

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

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 58 year old female with an industrial injury dated 12/31/2007. The injured worker's diagnoses include left shoulder sprain/strain with impingement. Treatment consisted of Magnetic Resonance Imaging (MRI) scan of the left shoulder dated 01/16/2015, prescribed medications, and periodic follow up visits. In a progress note dated 04/13/2015, the injured worker reported left shoulder pain rated an 8/10. Shoulder exam revealed decrease range of motion, tenderness and subacromial crepitus on the left. The treating physician reported that the MRI scan of the left shoulder confirmed left shoulder impingement syndrome, partial thickness supraspinatus tendon tear, acromioclavicular joint (AC) degenerative joint disease and anterior labral tear. The treating physician requested services for arthroscopic left shoulder evaluation, arthroscopic subacromial decompression, distal clavicle resection and labral and/or cuff debridement, pre-operative medical clearance, post-operative rehabilitative therapy 12 sessions, continuous passive motion (CPM) 45 days, shoulder immobilizer with abduction pillow, Surgi-Stim unit for 90 days and Cool care cold therapy Unit now. Appeal letter 7/23/15 demonstrates report patient denied cortisone injection secondary to concern regarding diabetes. In addition the patient has had failed rest, pharmacotherapy, activity modification and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic left shoulder evaluation, arthroscopic subacromial decompression, distal clavicle resection and labral and/or cuff debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210 and 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Surgery Chapter, Online Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209 and 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Partial claviclectomy.

Decision rationale: Based upon the CA MTUS Shoulder Chapter pages 209 and 210 recommendations are made for surgical consultation when there are red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for post-traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case the exam note from 4/13/15 and the imaging findings from 1/16/15 do not demonstrate significant osteoarthritis or temporary relief with anesthetic injection to warrant distal clavicle resection. Even though the appeal letter from 7/23/15 demonstrates a contraindication to steroid, anesthetic injection could be performed to confirm symptomatic AC joint disease in a case of mild AC joint degenerative joint disease. As the guidelines have not been satisfied for distal clavicle resection the decision is for non-certification of the entirety of the requested procedures. Therefore the request is not medically necessary.

Pre-operative Medical Clearance: 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 Rehabilitative Therapy 12 sessions: 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.

Continuous Passive Motion (CPM) 45 days: 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.

Shoulder immobilizer with abduction pillow: 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.

Surgi Stim Unit for 90 days: 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.

Cool care Cold Therapy Unit: 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.