

Case Number:	CM15-0129757		
Date Assigned:	07/16/2015	Date of Injury:	04/20/2012
Decision Date:	08/13/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/06/2015

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, Indiana, Oregon
 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:

This 53 year old male sustained an industrial injury to the bilateral shoulders, cervical spine and left upper extremity on 4/20/12. Previous treatment included magnetic resonance imaging, right shoulder arthroscopy with superior labral anterior posterior repair (2012), cervical fusion, left shoulder arthroscopy, left carpal tunnel release and left cubital tunnel release (2/4/15), physical therapy, injections and medications. In a follow up evaluation dated 6/1/15, the injured worker complained of right shoulder pain. The injured worker stated that his shoulder "never felt right" following right shoulder arthroscopy in 2012. The physician noted that magnetic resonance imaging right shoulder (7/2012) showed severe supraspinatus tendinosis with longitudinal partial thickness tearing and significant remaining acromioclavicular joint arthrosis with spurs. Physical exam was remarkable for tenderness to palpation in the subacromial space with limited range of motion and pain with direct palpation over the acromioclavicular joint. Current diagnoses included right shoulder impingement. The physician stated that the previous acromioplasty appeared insufficient on magnetic resonance imaging and that the injured worker had continuing impingement signs on physical exam. The treatment plan included right shoulder arthroscopy with synovectomy, acromioplasty and Mumford distal clavicle resection with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, right shoulder, synovectomy, acromioplasty, mumford, procedure as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/shoulder.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 6/1/15 does not demonstrate recent evidence of recent physical therapy. Therefore the request does not adhere to guideline recommendations and is not medically necessary.

Pre-surgical labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/shoulder.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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

Post operative physical therapy 3x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/shoulder.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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

Associated surgical service: DME: Shoulder immobilizer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/shoulder.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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

Associated surgical service: EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/shoulder.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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

Associated surgical service: Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/shoulder.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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