

Case Number:	CM15-0144599		
Date Assigned:	08/10/2015	Date of Injury:	09/17/1999
Decision Date:	10/13/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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 49 year old, female who sustained a work related injury on 9-17-99. The diagnoses have included status post left shoulder surgery, bilateral shoulder pain, left shoulder lipoma, left shoulder acromioclavicular joint hypertrophy with mild impingement and left shoulder bicipital tendinitis. Treatments have included oral medications, right and left shoulder injections, previous left shoulder surgery, and physical therapy. In the Primary Treating Physician's Initial Comprehensive Orthopedic Evaluation dated 4-27-15, the injured worker reports severe pain in both of her shoulders. She rates the pain level an 8-9 out of 10. She describes the pain as constant pain radiating proximally to her arms, associated with numbness, tingling, cramping, burning, throbbing, stabbing, aching, and sharp sensations. She has limited range of motion with flexion, extension, rotation, lifting, pushing, pulling, carrying, gripping, grasping, reaching overhead and reaching behind back. On physical exam, left shoulder arc sign is positive. She has difficulties with activities of daily living. Not much tenderness over rotator cuff where she has pain. She has pain with forced supination as well as flexion of the elbow in the supinated position, with pain in the anterior shoulder. Impingement testing for left shoulder is negative for Neer's and Hawkin's, minimally positive in Apley's cross-arm. X-rays of left shoulder, anterior-posterior view, shows a normal glenohumeral joint ratio and normal rotator cuff interval. She has had a debrided acromioclavicular (AC) joint, which is widened. There is an inferior bone spur from the distal clavicle in this view. The outlet view shows no compromise of the supraspinatus tunnel by the AC joint. The AC joint x-ray shows it has been debrided, with some inferior bone mass identified. All of this is consistent with the prior left shoulder surgery. She is currently working. The treatment plan for this visit includes recommendations for bilateral shoulder injections, prescriptions for medications and for lab work. The requested treatments of

left shoulder surgery with all associated postoperative treatments are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with partial resection of the distal clavicle; partial anteriolateral acromioplasty with resection of corocoacromion ligament; extensive debridement subacromial bursa and RTC; possible repair RTC, possible lysis of adhesion RTC: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Partial Claviculectomy.

Decision rationale: Based upon the CA MTUS Shoulder Chapter. Pages 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviculectomy, 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 4/27/15 do not demonstrate significant osteoarthritis, clinical exam findings or response to warrant distal clavicle resection. Therefore, the request is not medically necessary.

Associated surgical service: Intrascapene block under ultrasound guidance for control of post op pain: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter (online version), injection with anaesthetics and/or steroids.

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

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

Associated surgical service: Use of general anesthesia with hypotensive technique: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter (online version).

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

claviclectomy.

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

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

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

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. 2008 Jul. p.32.

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

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

Pre-op labs: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. 2008 Jul. p.32.

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

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

Associated surgical service: Chem 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. 2008 Jul. p.32.

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

testing.

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

Associated surgical service: PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. 2008 Jul. p.32.

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

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

Associated surgical service: A1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. 2008 Jul. p.32.

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

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

Associated surgical service: UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. 2008 Jul. p.32.

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

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

Pre-op diagnostic: PFT (Pulmonary function test): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. 2008 Jul. p.32.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

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

Associated surgical service: Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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

Associated surgical service: 12 lead EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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

Keflex 500mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Infectious Diseases Chapter (online version) - Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am FamPhysician. 2002 Jul 1;66(1):119-24.

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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