

Case Number:	CM15-0031142		
Date Assigned:	02/25/2015	Date of Injury:	05/24/2012
Decision Date:	05/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/19/2015

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, Sports Medicine

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 52-year-old female who reported injury on 05/24/2012. The mechanism of injury was repetitive injury while lifting binders and performing frequent typing. The injured worker underwent an MRI of the left shoulder on 11/20/2014 which revealed diffuse thickening and severe tendinosis versus advanced degeneration of the distal supraspinatus and infraspinatus tendons with a probable partial thickness bursal and articular surface tear along the surface of the supraspinatus tendon. There was narrowing of the glenohumeral joint space with attenuation of articular cartilage. There was mild to moderate arthrosis of the acromioclavicular joint. The injured worker underwent a left carpal tunnel surgery. The documentation of 12/11/2014 revealed the injured worker had left shoulder abduction strength of 4/5 with severe pain. The range of motion passively was 110 degrees with abduction of 70 degrees and internal rotation to L5 bilaterally. The drop arm test was positive on the left. The reverse O'Brien's test was positive. Deep tendon reflexes were 2/4. The diagnoses and plan included the left shoulder clinically was more severe with significant cuff weakness. The injured worker was noted to have no relief with physical therapy and cortisone injections and, as such, the request was made for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Scope, SAD, Mumford, Rotator Cuff Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Acromioplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Partial Claviclectomy.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. They do not however address Mumford resection. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that for a partial claviclectomy, there should be documentation of at least 6 weeks of care directed toward symptomatic care, plus pain at the AC joint and aggravation of pain with shoulder motion or carrying weight, plus there should be tenderness over the AC joint and pain relief with an injection of anesthetic for diagnostic therapeutic trial plus conventional films showing post-traumatic changes of the AC joint. The clinical documentation submitted for review indicated the injured worker had 3 months of conservative care. The injured worker had decreased range of motion. There was documentation the injured worker had failed conservative care and cortisone injections. However, the documentation submitted for review failed to provide documentation that the injured worker had tenderness over the AC joint and had aggravation of pain with shoulder motion. Given the above and the lack of documentation, the request for Left Shoulder Scope, SAD, Mumford, Rotator Cuff Repair is not medically necessary.

Assistant Surgeon: 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.

Pre-op 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 procedure is 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 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 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.