

Case Number:	CM15-0041775		
Date Assigned:	03/12/2015	Date of Injury:	01/31/2013
Decision Date:	05/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/05/2015

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 63-year-old female who reported injury on 01/31/2013. The mechanism of injury was lifting a box of cantaloupes. The injured worker was noted to hit her right shoulder on a pallet and have pain. The injured worker was noted to undergo x-rays, received an injection, and received physical therapy and acupuncture. The injured worker additionally received aquatic therapy for her left knee. The injured worker had complaints of pain in the right shoulder. The pain was a 10/10 without medication and a 7/10 to 8/10 with medication. The injured worker had difficulty with range of motion and could not extend the arm back. The injured worker was noted to have difficulty with reaching overhead and with bringing her arm down after extending. The injured worker indicated she had locking of the shoulder, the injured worker had difficulty with activities of daily living including the use of right shoulder and right hand. The pain radiated to the neck and down the right upper extremity. The injured worker reported throbbing and pins and needle sensation. The physical examination of the right shoulder revealed no evidence of prominence of an acromioclavicular joint. There was wasting of the right shoulder girdle. There was tenderness to palpation over the anterior shoulder 2 to 3+. There was tenderness to palpation over the greater tuberosity 2 to 3+. There was tenderness over the acromion at 3+ and tenderness to palpation over the suprascapular muscles at 3 to 4+. Range of motion of the right shoulder was flexion 115 degrees, abduction 120 degrees, extension 30 degrees, internal rotation 50 degrees, and external rotation 65 degrees. The injured worker indicated she had pain that was worse on the right shoulder with range of motion. Motor strength revealed weakness in the right shoulder girdle muscles and a positive Neer's sign. The

injured worker had a positive thumbs down test. Diagnoses included traumatic right and left shoulder impingement syndrome and increased pain in the right more than the left. Treatment plan included a right shoulder arthroscopic examination, decompression and possible Mumford procedure with an excision of the lateral end of the clavicle depending on the evidence of arthritis and pain in the shoulder. Initial diagnosis was partial to full thickness tear of the cuff with tendinosis. The request was made for CTU, postoperative physical therapy, durable medical equipment, and a medical clearance in connection with surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic examination, Subacromial Decompression surgery, and possible Mumford Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder, Partial claviclectomy (Mumford procedure).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 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 surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery and there should be imaging evidence of a rotator cuff deficit. 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 conservative care. However, the duration of conservative care was not provided. There was a lack of documentation of official imaging findings to support a rotator cuff deficit. There was a lack of documentation indicating the injured worker had cortisone injections. Given the above, the request for Right Shoulder Arthroscopic examination, Subacromial Decompression surgery, and possible Mumford Procedure is not medically necessary.

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.

DME (durable medical equipment) Ultrasling: 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 Physical Therapy, 12 visits: 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.

CTU (computed tomographic urography): 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.