

Case Number:	CM15-0072187		
Date Assigned:	04/22/2015	Date of Injury:	07/01/2010
Decision Date:	05/20/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/15/2015

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 07/01/2010. The initial complaints or symptoms included sudden low back and left shoulder pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, trigger point injections, MRIs, epidural steroid injections, corticosteroid e injections to the left shoulder. Currently, the injured worker complains of increasing pain and discomfort, decreased motion, and catching/popping in the left shoulder. The injured worker had been previously treated with corticosteroid injections to the left shoulder with good benefit. The diagnoses include SLAP lesion of the left shoulder, left shoulder labral tear, and impingement syndrome of the left shoulder. The treatment plan consisted of left shoulder surgery (left shoulder arthroscopy, partial acromionectomy, release coracoacromial ligament and excision distal clavicle with labral repair), 15 session of post-operative physical therapy for the left shoulder, and Lortab with refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, partial acromionectomy, release coracoacromial ligament, excision distal clavicle with labral repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

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: CA MTUS/ACOEM is silent on partial claviclectomy. 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 12/17/14 does not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. The record provided is limited and include no imaging demonstrating AC joint arthritis. Based on the above, the request is not medically necessary.

15 post-operative physical therapy visits for the left shoulder 3 times a week for 5 weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Lortab 7.5/325mg 1-2 orally every 4-6 hours #60 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.