

Case Number:	CM15-0090033		
Date Assigned:	05/14/2015	Date of Injury:	09/01/2014
Decision Date:	06/15/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/11/2015

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 52-year-old male, who sustained an industrial injury on 09/01/2014. The injured worker is currently off work. The injured worker is currently diagnosed as having shoulder impingement, left wrist sprain/strain; rule out left carpal tunnel syndrome, left deQuervains disease, and right wrist sprain/strain, rule out right carpal tunnel syndrome, and right deQuervains disease. Treatment and diagnostics to date has included chiropractic treatment, physiotherapy, kinetic activities, electromyography/nerve conduction studies, left wrist and right wrist x-rays, bilateral shoulder MRI, physical therapy, wrist braces, and medications. In a progress note dated 03/30/2015, the injured worker presented with complaints of constant severe bilateral wrist/hand pain with numbness and tingling and ongoing significant bilateral shoulder pain. Objective findings include markedly positive bilateral shoulder impingement test. The treating physician reported requesting authorization for bilateral shoulder surgery and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Shoulder Video Arthroscopy with Debridement and Resection Arthroplasty of the Distal Clavicle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/1456364>, Official Disability Guidelines (ODG), Shoulder - Partial claviclectomy (mumford procedure).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Based upon the CA MTUS Shoulder chapter, recommendations are made for surgical consultation when there are red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines states that surgery is indicated for posttraumatic 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 MRI from 3/24/15 demonstrates arthropathy of the AC joint but does not describe the severity. There is no indication in the 3/30/15 progress note that injections have been successful. Based on the above, the request is not medically necessary.

Pre-Operative Work-Up to include EKG and Labs-CBC, CMP, and UA: 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) shoulder.

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

Post-Operative Physical Therapy for Bilateral Shoulders (12-sessions, 3 times a week for 4 weeks): 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) shoulder.

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