
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/27/2013
Date of Injury: 3/13/2013
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0009306

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year old male safety officer who reportedly injured his left shoulder while working at the airport on 03/13/2013 performing his usual and customary occupation. The records noted while the claimant was attempting to push a generator into place he struck it with his left shoulder which resulted in a pulling sensation along the anterior aspect of the left shoulder. Conservative treatment measures included medications, work restrictions and physical therapy.

A left shoulder MRI dated 03/28/13 showed a suspected small nondisplaced tear of the anterior inferior labrum. There was also a slight flattening of the humeral head posterolaterally, implicating a small Hills-Sachs lesion. A MR arthrography of the left shoulder was recommended. There was edema in the superior aspect of the humeral head with thinning of the overlying articular cartilage, likely reflecting a recent osteochondral injury. There was a type II curvature to the acromion process indicating mild to moderate anatomical predisposition toward impingement syndrome. There was a small amount of fluid in the subacromial/ subdeltoid bursal spaces which might indicate active bursitis. A physician evaluation by Dr. [REDACTED] on 04/17/13 noted the claimant with anterolateral left shoulder discomfort and pain associated with reaching, lifting, pushing and pulling. Physical examination findings of the left shoulder revealed decreased motion, positive impingement signs, motor 5/5 and light touch sensation intact. A physician review of MRI findings documented an incidental finding of a labral tear as a normal variant for the claimant with no history to support a shoulder dislocation. Diagnoses included left shoulder impingement syndrome. Treatment recommendations included physical therapy, medication, modified duty and possible injection. The claimant continued to report left shoulder pain. Left shoulder x-rays were essentially normal. A left shoulder subacromial injection was performed on 05/13/13 which provided significant relief for five days.

The claimant continued to have left shoulder tenderness anteriorly, positive impingement and Hawkin's signs and pain with terminal motion with limited range of motion and weakness. The diagnoses remained unchanged. Left shoulder surgery was recommended.

Left shoulder arthroscopy with subacromial arch decompression, mini open Mumford resection and possible arthrotomy between 07/23/13 and 09/08/13 was denied on a previous peer review 07/27/13 as x-rays did not display impingement and the MRI only displayed a predisposition for impingement and the claimant lacked findings to support a Mumford procedure.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 left shoulder arthroscopy with subacromial arch decompression, mini-open Mumford resection, and possible arthrotomy between 7/23/2013 and 9/8/2013 is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines arthroscopic decompression, which is part of the MTUS, and the Official Disability Guidelines, Mumford procedure, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) page 211, which is part of the MTUS, and the Official Disability Guidelines (ODG), Current Version, Partial claviclectomy (Mumford procedure), which is not part of the MTUS.

The Physician Reviewer's decision rationale:

This reviewer would state that the requirement for the left shoulder arthroscopy, subacromial decompression was indicated due to the fact this employee failed to respond to conservative treatment of at least three months and had positive physical findings including impingement sign. The injection did not result in long term benefit, thus the procedure including the Mumford procedure would be appropriate. The employee has failed to respond to conservative treatment. **The request for 1 left shoulder arthroscopy with subacromial arch decompression, mini-open Mumford resection, and possible arthrotomy between 7/23/2013 and 9/8/2013 is medically necessary and appropriate.**

2. 12 post-op physical therapy session 7/23/2013 and 9/8/2013 is medically necessary and appropriate.

The Claims Administrator based its decision on the Post-Surgical Treatment Guidelines, Shoulder, which is part of the MTUS

The Physician Reviewer based his/her decision on the Post-Surgical Treatment Guidelines, Shoulder, which is part of the MTUS

The Physician Reviewer's decision rationale:

The MTUS Post-Surgical Treatment Guidelines recommend 24 visits over 14 weeks for shoulder surgery. Twelve physical therapy sessions would have been appropriate following the employee's subacromial decompression/distal clavicle excision. **The request for 12 post-op physical therapy session 7/23/2013 and 9/8/2013 is medically necessary and appropriate.**

3. 1 arm sling between 7/23/2013 and 9/8/2013 is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 9 (Shoulder Complaints), page 211, which is part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines, Shoulder Chapter, Post-operative abduction pillow sling, which is not part of the MTUS

The Physician Reviewer's decision rationale:

According to the ODG, a pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The sling following surgery would have been appropriate. **The request for 1 arm sling between 7/23/2013 and 9/8/2013 is medically necessary and appropriate.**

4. 1 medical clearance by Internist between 7/23/2013 and 9/8/2013 is medically necessary and appropriate.

The Claims Administrator based its decision on the Surgery General Information and Ground Rules, California Medical Fee Schedule, 1999 Edition, pages 92-93, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines, Low Back, Pre-operative testing, which is not part of the MTUS

The Physician Reviewer's decision rationale:

As per the ODG, Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Medical clearance is appropriate prior to undergoing surgery. **The request for 1 medical clearance by Internist between 7/23/2013 and 9/8/2013 is medically necessary and appropriate.**

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and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-009606