

Case Number:	CM14-0134854		
Date Assigned:	08/27/2014	Date of Injury:	12/07/2012
Decision Date:	11/17/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Orthopedic surgeon and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a 55-year-old male who sustained multiple injuries in the course of his work from 4/20/2009 until 1/19/2013. In addition, he had cumulative trauma from 10/8/2002 until 4/9/2013. The patient had an agreed orthopedic medical evaluation on 4/2/2014. With regards to the left shoulder, the examiner concluded the patient had left shoulder subacromial impingement syndrome as well as primary and posttraumatic acromioclavicular joint arthritis associated with rotator cuff tendinitis. The examiner recommended cortisone injections into the subacromial space 4 times a year as long as the patient experienced reasonable pain relief and he felt that the patient was not having enough trouble with either of his shoulders to undergo surgery but that he may need arthroscopic surgery in the future. An MRI arthrogram of the left shoulder dated 4/15/2014 revealed mild to moderate supraspinatus and infraspinatus tendinosis, mild biceps and subscapularis tendinosis, advanced cartilage loss in the acromioclavicular joint, and mild capsular thickening suggesting adhesive capsulitis. On 7/15/2014 a progress report noted the patient was experiencing increasing cervical pain and that he was still having difficulty raising his arms and he had tenderness over his acromioclavicular joint. A request was made for arthroscopic surgery of the shoulder, medical clearance, chest x-ray, and EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy Debridement Distal Clavicle Excision and Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): surgical considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, partial claviclectomy

Decision rationale: The ODG guidelines suggest that the patient have 6 weeks of care directed towards symptom relief prior to partial claviclectomy. There is no documentation that the patient has had 6 weeks of care directed towards symptom relief prior to surgery. The ACOEM guidelines criteria for surgical consultation for possible surgery include red flag conditions which this patient does not have; activity limitations for more than 4 months plus existence of a surgical lesion. This patient has returned to working full time after all his injuries and was released to modified work by the orthopedic agreed medical evaluations (AME). The orthopedic surgeon who did the AME stated he did not feel at that time that the patient required surgery for his shoulder. Three months later, there is a request for arthroscopic surgery of the shoulder but there is no documentation of what changes occurred during this period of time that led to the indications for surgery. The progress note of 7/15/2014 states the patient is having increased neck pain but does not say anything about his shoulder that was not already noted at the time of the agreed medical evaluation. Therefore, without documentation regarding changes that led to the indication for surgery, the Left Shoulder Arthroscopy Debridement Distal Clavicle Excision and Repair is not medically necessary.

Medical Clearance- in house: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289#Section420>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7>, page(s) 127

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

Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

EKG: 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 <low back lumbar and thoracic, preoperative ECG))>

Decision rationale: The request for shoulder surgery has not been certified therefore a preoperative EKG is not needed.