

Case Number:	CM13-0003659		
Date Assigned:	06/06/2014	Date of Injury:	09/15/2011
Decision Date:	07/24/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/26/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 52 year old female with a reported injury on 09/15/2011. The mechanism of injury was not provided. The injured worker had an examination on 07/02/2013 for a follow-up regarding her left shoulder. The injured worker had completed four sessions of chiropractic therapy and felt less pain and increased range of motion. The examination revealed her range of motion to her shoulder at 100 degrees flexion on right and 180 degrees flexion on the left, 100 degrees abduction on right and 180 degrees on left, 20 degrees external rotation on the right and 90 degrees on the left and internal rotation 45 degrees on the right and 75 degrees on the left. Her medication consisted of Naproxen. The diagnoses included status post left shoulder arthroscopic rotator cuff repair and shoulder bursitis. The recommended treatment plan was for her to have left shoulder arthroscopy with manipulations under anesthesia. The request for authorization for a surgical assistant was not provided. The request for cold therapy unit was signed on 07/09/2013. The rationale's were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL ASSISTANT: 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 physicians as assistants at surgery 2011 study.

Decision rationale: The request was not specific as to what kind of surgery was being performed and there was no mention of intensity or possible complications of surgery. The guideline from the 2011 physicians as assistants at surgery almost always has an assistant for arthroscopic shoulder surgery with rotator cuff repair, although arthroscopic shoulder surgery with lysis and resection of adhesions with or without manipulation sometimes needs assistance. Therefore the request for surgical assistance is not medically necessary.

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: The injured worker was recommended to have left shoulder arthroscopic surgery with manipulation. The Official Disability Guidelines recommend post operative use for up to seven days. The request does not specify directions of use to include frequency and duration. Therefore the request is not medically necessary.