MAXIMUS Federal Services

Case Number:	CM13-0018920		
Date Assigned:	12/11/2013	Date of Injury:	09/01/2011
Decision Date:	02/18/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	08/30/2013

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 Occupational Medicine 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. 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 patient is a 53-year-old female with a date of injury of September 1, 2011. She is diagnosed with a right shoulder impingement. The patient developed pain in the shoulders, low back and hip after sitting for long periods of time. Patient also has diagnosis of right trochanteric bursitis with degenerative disc disease of the lumbar spine and resolving radiculopathy. Patient has been treated with physical therapy medications and acupuncture. MRI of the right shoulder on June 11, 2013 showed mild infraspinatus calcific tendinosis, mild subscapularis and supraspinatus tendinosis without tear, mild fraying of anterior labrum without tear, mild AC arthrosis, and a type II acromion. There was trace subacromial bursal fluid. The patient has full range of motion and signs of mild impingement. Patient's initial injury was treated for lumbar pain and hip pain. Initial reports of shoulder issues start 4/2013. There is no record of the patient having injections into the shoulder. The patient had PT to the cervical spine which apparently helped the shoulder but did not have shoulder specific care, that PT had been denied. The latest report available was May 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, SAD, partial AC joint resection, rotator cuff debridement v repair with Plasmax and Maristem: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that on page 210-211 of ACOEM chapter 9 that conservative care would include therapy and injections. There is no record of any injections or contraindications to injections for this patient. There has not been adequate conservative care for 3-6 months from when the patient had complaints of shoulder issues in 4/2013. Guidelines state that with conservative care, there is over an 80% success rate. Arthroscopic decompression would be reasonable after the conservative treatment period. In addition, other guides such as ODG would recommend this surgery if there is impaired function such as decreased ROM. There is no apparent loss of function in the shoulder, just some nonspecific weakness noted in the rotator cuff. There is no equivocal impingement sign on exam noted. Therefore, as the criteria for the requested surgery have not been met (conservative care, decreased function and ROM on exam) the surgery at this time is not appropriate. In addition, the additional treatment requested (plasma and meristem) are considered to still be under study under ODG. In trials cited by the guides there appeared to be no benefit over placebo for this treatment. There is no benefit for healing and there is no clear benefit shown from purified type I collagen.

Physical therapy 2 times 6 for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, and Post-Surgical Treatment Guidelines shoulder impingement Page(s): 118,11.

Decision rationale: There is a request for 2x6 post-operative PT sessions. This request is not valid as the surgery has not been approved. PT for the shoulder is appropriate and falls under physical medicine guides of MTUS. The guides allow for 8-10 sessions of therapy. This request falls beyond those allotted therapy sessions. A shorter duration of PT is appropriate to assess functional benefit. Therefore, as this request as written is not appropriate, and applying alternate guidelines still do not allow for this many treatments, it is not medically necessary. The physician should consider a request for 6-8 sessions of PT to be congruent with MTUS.