

Case Number:	CM13-0020127		
Date Assigned:	10/11/2013	Date of Injury:	01/28/2013
Decision Date:	01/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/04/2013

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 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. 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 records provided suggest that there is a request for a right shoulder arthroscopy with post-operative therapy, cryotherapy, and a sling. The records further indicate that the claimant was approved for twelve prior physical therapy sessions as well as a corticosteroid injection. It is not clear if the claimant underwent the approved injection or physical therapy treatments. The MRI dated 2/26/13 suggests that the claimant has findings consistent with potential right shoulder impingement. Specifically, the claimant has degenerative tendinosis of the rotator cuff and a partial thickness rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Shoulder Arthroscopic Repair: 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): s 209-212.

Decision rationale: Overall, there is insufficient information to determine if the claimant received a full course of conservative care over 3-6 months. Furthermore, patients who are candidates for surgery generally have at least a transient favorable response to a subacromial

corticosteroid injection. It is unclear if an injection was performed and the response to such injection is not indicated. Surgery for the findings on the MRI generally requires at least 3-6 months of conservative treatment before pursuing surgery according to the ACOEM Guidelines. Notably, the MRI dated 2/26/13 does not show a full thickness rotator cuff tear that may require more urgent treatment. For all of these reasons, the requested surgery cannot be recommended. The request for one right shoulder arthroscopic repair is not medically necessary and appropriate.

A series of 12 Post Operative Physical Therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

1 Polarcare Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

1 Shoulder Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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