

Case Number:	CM13-0021904		
Date Assigned:	11/13/2013	Date of Injury:	08/19/2010
Decision Date:	01/30/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 reported a date of injury on 8/9/10. The UR determination being challenged is dated 8/27/13 and recommends denial of shoulder arthroscopy with subacromial decompression (with pre-op medical clearance); post-op physical therapy, 6-12 week course (total number of sessions is not established, no frequency given); and post-op DME, and Shoulder Sling. [REDACTED], [REDACTED] is the requesting provider, and he provided treatment reports from 1/14/13-9/16/13. The progress report dated 8/12/13 by [REDACTED], noted the patient was diagnosed with right shoulder impingement syndrome. The patient complained of continued right shoulder pain and weakness, which is worse with overhead activity. Exam findings included: decreased ROM and weakness as well as positive impingement signs. Dr. [REDACTED] noted that the MRI of the right shoulder performed on June 7, 2013 demonstrated supraspinatus/infraspinatus, moderately severe insertional tendinosis. Acromioclavicular joint, mild arthrosis and mild synovial thickening in the subacromial bursa. The progress report dated 9/16/13 indicated that the patient's symptoms have not responded to conservative treatment including physical therapy, chiropractic care, acupuncture, anti-inflammatory medications and a cortisone injection. The right shoulder MRI dated 6/7/13 showed no significant narrowing of the supraspinatus outlet demonstrated on type I acromion.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for right shoulder arthroscopy with subacromial decompression (with pre-op medical clearance): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG shoulder and CAMTUS post-op guide, and the OKU #9 Update, page 297 and JBUS and ACC/AHA 2007 Guidelines and AAOS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery-Acromioplasty.

Decision rationale: ACOEM pg. 209-210 states that surgical considerations depend on the working or imaging confirmed diagnosis of the presenting shoulder complaint. ACOEM also recommends 3-6 months of conservative care before considering surgery. ODG guidelines regarding surgery for impingement syndrome requires positive evidence of impingement to be shown on conventional x-rays, AP, and true lateral or auxiliary view, as well as Gadolinium MRI, ultrasound, or arthrogram. The right shoulder MRI dated 6/7/13 showed no significant narrowing of the supraspinatus outlet, and the Acromion was a type I. There was no evidence of impingement. The records indicate that the patient has failed conservative care, including physical therapy, chiropractic care, acupuncture, anti-inflammatory medications and a cortisone injection. However, there is no evidence of impingement, rotator cuff tear or labral tear issues to consider surgery.

The request for post-op physical therapy, 6-12 week course (total number of sessions is not established, no frequency given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical treatment guidelines regarding impingement syndrome recommends a general course of physical therapy to include 24 visits over 14 weeks. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy may be prescribed within the parameters of the general course of therapy applicable to the specific surgery. An "initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery. The request was made for an unknown number of physical therapy sessions. One cannot determine medical necessity for an unknown quantity of visits. Also, the requested decompression surgery in question was recommended for denial. Therefore the request for post-op physical therapy 6-12 week course is recommended for denial.

The request for post-op DME; Shoulder Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Shoulder Chapter; Shoulder Immobilizer.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: ACOEM, pg. 213, recommends the use of a sling for three weeks, or less, after an initial shoulder dislocation and reduction and the same for AC separations or severe sprains. The request for a shoulder sling was made for postoperative use following the requested shoulder surgery for impingement syndrome. As the requested surgery has been recommended for denial, the request for post-op use of a shoulder sling is not recommended.