

Case Number:	CM13-0025647		
Date Assigned:	12/11/2013	Date of Injury:	01/02/2012
Decision Date:	01/29/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

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 Connecticut, North Carolina and Pennsylvania. 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:

This is a 41-year-old female with a reported injury on 01/02/12 while assisting a patient from the bed to the commode. Treatment has consisted of anti-inflammatory and narcotic medications. She received injections within the acromioclavicular joint, biceps tendon, and subacromial space on 05/03/13 with significant pain reduction. She has also participated in physical therapy. An MRI of 06/27/12 demonstrated abnormal glenohumeral joint and no evidence of rotator cuff tear, small subacromial bursa effusion, and there was no elaboration of this MRI finding including labral articular cartilage or bicipital findings otherwise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with subacromial decompression, excision of the distal clavicle and open biceps tenodesis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 212.

Decision rationale: This individual has had a positive response to a steroid injection, and has examination and imaging findings consistent with the diagnosis of impingement. Based upon this

information with consideration given to the date of injury, non-operative treatment to date, and response to selective injections, it is reasonable to proceed with arthroscopic surgery at the left shoulder with decompression, excision of distal clavicle and consideration of biceps tenodesis. Therefore, the requested services are medically necessary and appropriate.

Post-operative physical therapy (12 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 209-212.

Decision rationale: The Postsurgical Treatment Guidelines allow for one half of the total course of physical therapy for a given surgical procedure; in this case the total allotment is 24 and the appropriate number of therapy visits for initial treatment would be 12. Based on the guidelines and the fact that surgical intervention is medically necessary, the request for 12 post-operative physical therapy visits is considered medically necessary and appropriate