

Case Number:	CM13-0029122		
Date Assigned:	11/01/2013	Date of Injury:	04/08/2012
Decision Date:	05/19/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/26/2013

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 Orthopedic Surgery and is licensed to practice in 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 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 claimant is a 34-year-old female who injured her right shoulder in an April 8, 2012, workrelated accident. The claimant's records for review include an MRI report identifying tendinosis of the rotator cuff with no other pertinent findings. Prior clinical records document treatment with physical therapy and acupuncture to address the claimant's ongoing shoulder complaints. The notes state that the claimant declined injection therapy. The most recent report available for review is dated April 16, 2013; it notes continued complaints of shoulder pain and states that a prior request for surgical intervention to include rotator cuff repair was denied by the carrier. Physical examination findings showed 4/5 strength of the rotator cuff with positive impingement and labral signs. Based on the claimant's failed conservative measures, this request is for arthroscopic manipulation, debridement and biceps tenodesis of the right shoulder, followed by 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER MANIPULATION AND POSSIBLE ARTHROSCOPY DEBRIDMENT AND BICEPS TENODESIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to both California ACOEM Guidelines and Official Disability Guidelines criteria, the request for surgery would not be indicated in this case. The claimant's clinical presentation does not identify bicipital pathology; there is no documentation of imaging studies or physical examination findings to establish the need for biceps tenodesis. Restricted range of motion is not noted; thus, the need for manipulation under anesthesia is not established. Shoulder arthroscopy and decompression would similarly not be indicated in the absence of a trial of injection therapy. Based on the information provided, the request for right shoulder manipulation and possible arthroscopy and biceps tenodesis cannot be supported as medically necessary.

POST OP PHYSICAL THERAPY x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested surgical intervention is not established as medically necessary. Therefore, the request for 12 sessions of physical therapy is not medically necessary.