

Case Number:	CM13-0035685		
Date Assigned:	01/10/2014	Date of Injury:	07/11/2013
Decision Date:	03/20/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 60-year-old male who was injured on 07/11/2013 when he fell off a truck and landed onto his left shoulder. He has pain in his left upper arm, shoulder and upper back. Thus far treatment has included cortisone injections (provided only temporary improvement), physical therapy and medications. X-rays of the left shoulder on 07/23/2013 revealed bony mineralization was within normal limits. MRI (magnetic resonance imaging) of the left shoulder on 08/12/2013 revealed supraspinatus tendon tendinosis with no evidence of rotator cuff tear. Biceps tendon Tenosynovitis. Degenerative hypertrophy of the AC (acromioclavicular) joint with inferior osteophyte of the distal clavicle abutting the musculotendinous supraspinatus tendon. Minimal subscapular bursitis. On 10/15/2013 orthopedic follow up revealed near normal range of motion of the left shoulder, positive Hawkins and Neers signs for impingement and tenderness over the distal clavicle. On 11/12/2013 orthopedic follow up revealed range of motion values which were improved since the last visit, weakness with abduction testing, Hawkins, Neer's and supraspinatus testing was negative. 12/10/2013 orthopedic follow up revealed normal range of motion values, positive Hawkins and Neers signs for impingement and tenderness over the distal clavicle. On 01/07/2014 orthopedic follow up revealed normal range of motion values, weakness with abduction testing, negative Hawkins, Neers and supraspinatus tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, SAD, with distal clavicle resection repair: Upheld

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

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

Decision rationale: The patient is reported throughout the orthopedics visits to have good results with physical therapy with range of motion that was improved and negative impingement testing on multiple visits. As the patient is improving with conservative measures, the request for surgery is not within the guidelines for approval

Postop PT 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The patient is improving with conservative measures and as such, surgery is not recommended and as such, the request for post operative physical therapy is non-certified.

Cold unit 7-day rental: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Cryotherapy.

Decision rationale: The patient is improving with conservative measures and as such, surgery is not recommended and as such, the request for post operative physical therapy is non-certified.