

Case Number:	CM13-0039344		
Date Assigned:	12/18/2013	Date of Injury:	06/19/2008
Decision Date:	02/26/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/04/2013

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 patient is a 45-year-old gentleman who was injured on 06/19/08. Specific records regarding the claimant's right shoulder documented a recent 06/12/13 MRI report that showed partial surface supraspinatus thinning with tendinitis with a "cyst abutting" the posterosuperior labrum with tear not identified. Recent orthopedic assessment from 08/28/13 by [REDACTED] indicated the claimant had failed recent conservative care in regard to the right shoulder including injection therapy, physical medicine, medication management, and activity restrictions. Physical examination findings showed the shoulder with restricted range of motion at endpoints, equivocal O'Brien's, a positive Hawkins test and tenderness over the bicipital groove. Based on failed conservative care, a surgical arthroscopy and decompression was recommended. Biceps tenodesis based on the claimant's underlying bicipital issues was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder subacromial decompression, biceps tenodesis QTY 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 211. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the requested surgical process would appear medically necessary. The claimant has failed conservative care in regard to the shoulder including injection therapy and continues to be symptomatic, both from an impingement point of view as well as over the bicipital tendon. The role of surgical process as requested would appear medically necessary.

Post operative physical therapy 2x4 QTY 8: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative 2009 Guidelines, eight sessions of initial physical therapy would also be indicated. The claimant is to undergo surgical process in regard to the shoulder for impingement. The clinical criteria would recommend the role of up to 24 sessions of therapy in the postoperative setting. The request for eight sessions of therapy would clearly be supported.