

Case Number:	CM13-0046726		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2011
Decision Date:	07/29/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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 injured worker is a 60-year-old female who reported an injury on 02/15/2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her neck and shoulder. The injured worker's treatment history included physical therapy. The injured worker underwent an MRI of the right shoulder on 08/08/2013. Physical findings included spurring along the lateral aspect of the acromioclavicular joint and inflammatory signal changes of rotator cuff tendon without evidence of a tear. The injured worker was evaluated on 09/09/2013. Physical findings included limited range of motion with significant tenderness and pain above the clavicle area with swelling. The injured worker's diagnoses included cephalgia; right ankle, lumbosacral, thoracic, and cervical sprain/strain; and impingement syndrome. The injured worker was again evaluated on 10/21/2013. A request was made for right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder acromioplasty, inspection of rotator cuff: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 221.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-212.

Decision rationale: The requested right shoulder acromioplasty inspection of the rotator cuff is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for injured workers who have persistent pain complaints and functional limitations supported by physical findings and an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has had significant pain limiting range of motion reported by an MRI that does indicate impingement syndrome. Additionally, it is noted that the injured worker has undergone physical therapy that has failed to resolve the injured worker's symptoms. Therefore, surgical intervention would be indicated in this clinical situation. As such, the requested right shoulder acromioplasty inspection of the rotator cuff is medically necessary and appropriate.

(24) SESSIONS OF POST-OPERATIVE PHYSICAL THERAPY, THREE (3) TIMES A WEEK FOR EIGHT (8) WEEKS: 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 requested 24 sessions of postoperative physical therapy 3 times a week for 8 weeks are not medically necessary or appropriate. California MTUS does recommend 24 visits in the postsurgical management of impingement syndrome surgery. However, California MTUS recommend an initial course of treatment equal to half the number of recommended visits to establish efficacy of treatment. The request is for 24 sessions. This exceeds guideline recommendations as an initial course of treatment for this surgical intervention is considered 12 sessions. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 24 sessions of postoperative physical therapy 3 times a week for 8 weeks are not medically necessary or appropriate.