

Case Number:	CM13-0048152		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2001
Decision Date:	02/25/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 50-year-old female who was injured on 02/12/01. Specific clinical records pertaining to the claimant's right shoulder included a 11/08/13 assessment by [REDACTED], documenting continued complaints of pain about the right shoulder. [REDACTED] documented that examination showed the right shoulder to have range of motion of 140 degrees of forward flexion and 130 degrees of abduction, positive impingement signs, positive abduction sign, and tenderness to palpation over the anterior aspect of the shoulder and the bicipital tendon, and painful arc of movement. Formal clinical imaging in regard to the claimant's shoulder was not available. However, the treating physician documented that an MRI scan demonstrated coracoclavicular ligament trauma, osteoarthritic change and SLAP pathology. The treating physician recommended surgery for right shoulder arthroscopy decompression, possible rotator cuff repair, possible SLAP repair, open biceps tenodesis, and distal clavicle excision and noted failed conservative care. In looking over the clinical records previous therapy had been focused on the claimant's prior surgery to the elbow and carpal tunnel with no documentation of recent injection therapy noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION, POSSIBLE ROTATOR CUFF REPAIR, POSSIBLE SLAP REPAIR, POSSIBLE OPEN BICEPS TENODESIS, POSSIBLE EXCISION DISTAL CLAVICAL BETWEEN 10/15/2013 AND 11/29/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation ; Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Surgery for SLAP lesions; shoulder procedure - Partial claviclectomy (Mumford procedure); shoulder procedure

Decision rationale: Based on California ACOEM 2004 Guidelines and supported by the Official Disability Guidelines criteria, the request for the surgical process would not be indicated. The clinical records for review fail to reveal any formal imaging of the shoulder to support or refute rotator cuff pathology, SLAP pathology or AC joint degenerative changes and bicipital inflammatory processes. The absence of the imaging to clinically correlate with the claimant's physical examination findings would fail to necessitate the role of the proposed procedure, to include a rotator cuff repair, a SLAP repair and possible biceps tenodesis and clavicle excision. Furthermore, it should be noted that recent conservative measures including recent injection therapy or focused physical therapy attempts at the shoulder are not documented. Therefore, the request in question would not be indicated

1 STABLE ABDUCTION SLING, CONTINUOUS FLOW CRYOTHERAPY UNIT, CRYOTHERAPY BLADDER BETWEEN 10/15/2013 AND 11/29/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative abduction pillow sling; shoulder procedure - Continuous-flow cryotherapy.

Decision rationale: California MTUS Guidelines are silent. Based on the Official Disability Guidelines criteria, a postoperative abduction sling and a cryotherapy device would not be indicated as the need for operative intervention in this case has not yet been established.

Decision for 12 PHYSICAL THERAPY, 2 TIMES PER WEEK FOR 6 WEEKS BETWEEN 10/15/2013 AND 1/13/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative 2009 Guidelines, physical therapy for 12 sessions would not be indicated as the role of the surgical process in this case has not been supported by clinical records for review.