

Case Number:	CM13-0050240		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2013
Decision Date:	05/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 52-year-old male with a reported injury date of 08/26/13. The claimant, according to the records, has a history of bilateral shoulder degenerative arthritis and underwent a previous left shoulder hemi-arthroplasty approximately four years ago. An MRI of the right shoulder performed on 09/30/13 identified advanced degenerative changes in the right shoulder. The claimant was noted to have degenerative tendinopathy of the rotator cuff, degenerative arthritis of the acromioclavicular joint and degenerative changes of the labrum. The records also suggested that the claimant has a history of long-standing pain. There is no documentation in the records provided for review to determine the extent of conservative treatment for arthritis that has been provided to the claimant. A partial shoulder replacement has been requested with 24 visits of physical therapy and a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 POST OPERATIVE PHYSICAL THERAPY VISITS ON RIGHT SHOULDER:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Though the claimant may ultimately require right shoulder hemiarthroplasty, the medical records provided for review do not indicate that the surgery has been approved as medically necessary. It is also unclear whether the claimant has exhausted all forms of conservative treatment for his vocational injury of 08/26/13. In light of the fact there is no documentation of approval for surgery, at this time there would be no medical necessity for postoperative physical therapy.

POST OPERATIVE COLD THERAPY UNIT FOR RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHAPTER ON SHOULDER COMPLAINTS: COLD COMPRESSION THERAPY.

Decision rationale: In absence of documentation to recommend approval for the surgery, the request for postop cold therapy unit for the right shoulder cannot be recommended as medically necessary.