

Case Number:	CM13-0052908		
Date Assigned:	12/30/2013	Date of Injury:	09/10/2013
Decision Date:	03/14/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 Texas. 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 58 year old female who reported a cumulative, repetitive work-related injury on 09/10/2013. The patient is diagnosed with biceps tendonitis and adhesive capsulitis. The patient was seen by [REDACTED] on 10/28/2013. The patient reported right shoulder pain. The patient has participated in 6 sessions of physical therapy and utilizes ibuprofen on an as-needed basis for pain. X-rays obtained on 05/07/2013 indicated no evidence of fracture or dislocation. An MRI of the right shoulder without contrast completed on 09/05/2013, indicated tendinopathy without rotator cuff tear. Physical examination revealed 120 degree forward flexion, 35 degree external rotation, decreased extension and abduction, tenderness to palpation over the biceps tendon, positive cross-body testing, and positive supraspinatus testing. Treatment recommendations included a right shoulder arthroscopy with debridement versus mini open rotator cuff repair, subacromial decompression, possible AC arthroplasty, possible debridement of labrum, and possible biceps tenodesis with postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Debridement vs. Mini Open Repair, SAD, Possible Debridement of Labrum, possible Biceps Tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit in the short and long term from surgical repair. As per the documentation submitted, the patient's physical examination on the requesting date of 10/28/2013 does reveal diminished extension and abduction, positive cross-body and supraspinatus testing, and decreased motor strength. However, the patient's MRI only indicated tendinopathy without rotator cuff abnormality. Additionally, there is no evidence of significant activity limitation or a failure to respond to conservative treatment. Based on the clinical information received, the request is non-certified.

Pre-Operative CBC, CMP,UA,Chest X-Ray (CXR) and EKG: 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 Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Testing.

Decision rationale: Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed before surgical procedures. The decision to order preoperative testing should be guided by the patient's clinical history, co-morbidities, and physical examination findings. The patient does not maintain a medical history of significant co-morbidities. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.

Post-Operative Sling: 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 Official Disability Guidelines (ODG) Shoulder Chapter, Postoperative abduction pillow sling

Decision rationale: Official Disability Guidelines state postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. As per the documentation submitted, the patient does not currently have a partial or full thickness rotator cuff tear. As this patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified

Initial Post-Operative Physical Therapy for the Right Shoulder, 3 times a week for four(4) weeks: 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 Page(s): 26-27.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in postsurgical physical medicine treatment recommendations. As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.