

Case Number:	CM13-0053091		
Date Assigned:	04/09/2014	Date of Injury:	08/02/2012
Decision Date:	05/08/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 43 year old with date of injury 08/02/2012. Per progress note 06/27/2013, the patient status post unremarkable right rotator cuff repair (03/14/2014), complained of severe left shoulder pain due to overcompensation secondary to right shoulder surgery. Pain described as increased with reaching and above-shoulder activity. The listed diagnoses are status post repair of the torn rotator cuff of the right shoulder, with improvement, and impingement syndrome of the left shoulder, refractory to conservative treatment. Left shoulder MRI 05/28/13 lists osseous structures, joint spaces, and rotator cuff 'within normal limits' and 'no significant incidental soft tissue abnormalities present'. Orthopedic exam (6/27/13) prior to request for surgery revealed 'tenderness of the acromioclavicular joint, subacromial bursa, and in the direction of the bursa. Abduction is to 120 degrees. Internal rotation is to 20 degrees. Impingement sign is positive. Drop arm test is negative. There is spasm and tenderness of the left trapezoid and scapular regions. The patient is unresponsive to conservative therapy including steroid injections, trigger point injections, oral anti-inflammatories, physical therapy, and home therapy. The request is for left shoulder operative arthroscopy, possible arthrotomy, and repair with post op physical therapy 12 sessions. The utilization review letter disputed is dated 11/01/2013 denied request for surgery stating submitted information demonstrates patient does not meet ACOEM guideline criteria for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of post-operative physical therapy for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with severe left shoulder pain unresponsive to conservative therapy. The request is for 12 sessions of post operative physical therapy left shoulder. Patient reports left shoulder pain is due to overcompensation secondary to right shoulder surgery 03/14/2013. The patient's pain was unrelieved with conservative therapy. The request was denied for not meeting ACOEM guideline criteria for surgery. A review of ACOEM guidelines regarding shoulder surgery (pp 209-210) demonstrates patient has not met the criteria for shoulder surgery (no evidence of rotator cuff tear, activity limitation or presence of surgical lesion). Review of ODG guidelines regarding surgery for impingement syndrome also demonstrate surgical criteria has not been met (no documentation of pain at night, abduction documented to 120 degrees, and MRI shows Rotator Cuff within normal limits). The patient failed to meet criteria for both surgery and subsequent physical therapy. Recommendation is for denial.