

Case Number:	CM13-0053179		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2013
Decision Date:	03/25/2014	UR Denial Date:	10/17/2013
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 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 33-year-old female who reported an injury on 05/11/2012. The mechanism of injury involved heavy lifting. The patient was diagnosed with rotator cuff syndrome. A request for authorization form was submitted by [REDACTED] on 09/06/2013 for a right shoulder diagnostic arthroscopy with postoperative physical therapy. However, there was no Physician's Progress Report submitted on the requesting date of 09/06/2013. The patient was seen by [REDACTED] on 08/26/2013. The patient reported similar complaints involving the shoulder. Physical examination revealed full range of motion with mild tenderness to palpation. Treatment recommendations included activity limitations

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder diagnostic arthroscopy with probable tenotomy and subpectoral repair:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that referral for a 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. As per the documentation submitted, the patient's physical examination revealed full range of motion with intact strength. There was no documentation of a significant musculoskeletal or neurological deficit. There was also no evidence of an exhaustion of conservative treatment prior to the request for a surgical intervention. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.

Post-operative physical therapy 12 visits (3 times/week for 4 weeks) for Right shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. Therefore, the request is non-certified.