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| Case Number: | CM13-0056054 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/05/2013 |
| Decision Date: | 04/18/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 11/22/2013 |

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 & 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:

This is a 55-year-old female who was injured on 2/5/13. She has been diagnosed with right shoulder impingement and acromioclavicular (AC) joint arthropathy. According to the 10/17/13 orthopedic report from [REDACTED], the patient presents with right shoulder pain. She reports short-term relief of shoulder pain following the injection. [REDACTED] states the patient only had short-term improvement with nonoperative treatment, and recommends arthroscopy, subacromial decompression (SAD) and distal clavicle resection (DCR), an assistant surgeon, postop physical therapy (PT). On 11/11/13, the UR denied right shoulder arthroscopic Mumford, decompression; the assistant surgeon; 20 post-op PT visits; continuous passive motion (CPM) unit; and an airplane sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY MUMFORD PROCEDURE, DECOMPRESSION SUBACROMIAL SPACE AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/shoulder.htm/impingementsurgery>)

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

Decision rationale: The patient presents with right shoulder pain. The records show an MRI of the right shoulder being on 5/31/13 with tendinosis or mild rotator cuff tear. The progress notes from 4/25/13 through 7/18/13 are handwritten and illegible form [REDACTED]. There is a 3/5/13 PT note showing the patient had 5 sessions of PT over 3 weeks that included the right shoulder. According to the 8/12/13 orthopedic report from [REDACTED], the patient has normal ROM in the cervical spine, shoulders, elbows, wrists fingers and thumb. The 8/20/13 orthopedic report from [REDACTED], shows positive right shoulder impingement and guarded range of motion (ROM). [REDACTED] provides the subacromial cortisone injection on 8/20/13. On 10/17/13 recommends shoulder surgery. The ACOEM guidelines for surgical considerations for impingement state: "Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery." The records show the patient had 3-weeks of PT, 5 sessions, and it had only been 2-months since the cortisone injection. The ROM is reported to be full for the shoulder and the functional deficits as they pertain to the right shoulder are not clear. Based on the 10/17/13 report, the shoulder surgery does not appear to meet MTUS/ACOEM criteria.

AN ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Labor Code (LC) 4610.5(2)

Decision rationale: The patient presents with right shoulder pain post 3-weeks of PT and post 2-months cortisone injection. The physician requested surgery with an assistant surgeon. The surgery was not felt to meet ACOEM criteria, but the requests for associated procedures have been separated out for review. The records do not provide a rationale for the assistant surgeon. There is not enough information provided to confirm that the need for an assistant surgeon is in accordance with any guidelines or standards of practice, even if the surgery were to be approved.

20 VISITS OF POST-OP PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents with right shoulder pain. The request is for post-op physical therapy for 20 sessions. The MTUS postsurgical treatment guidelines state the general course of care for impingement syndrome is 24 visits, and the initial course of care would be half of this, or 12 sessions. The initial request for PT x20 will exceed the MTUS/postsurgical treatment recommendations for the initial course of care.

CONTINUOUS PASSIVE MOTION (CPM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/shoulder.htm>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Shoulder chapter online for: Continuous passive motion (CPM)

Decision rationale: The patient presents with right shoulder pain. MRI shows mild rotator cuff tear versus tendinopathy. The request before me is for a CPM unit. ODG guidelines for CPM for the shoulder/rotator cuff tears states: "Not recommended after shoulder surgery or for nonsurgical treatment" The request does not appear to be in accordance with ODG guidelines.

AN AIRPLANE SLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The patient presents with right shoulder pain. The records show AC joint degeneration and possible rotator cuff tear. ACOEM guidelines state that a shoulder sling can be used for acute pain for RC tear or for comfort for AC joint strain. The request appears to be in accordance with ACOEM guidelines.