MAXIMUS Federal Services

Case Number:	CM13-0058942		
Date Assigned:	12/30/2013	Date of Injury:	10/24/2012
Decision Date:	03/25/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/27/2013

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, and is licensed to practice in New York. 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 37-year-old female with date of injury October 24, 2012. The injury occurred while lifting boxes overhead. The diagnoses include cervical sprain with cervical degenerative disc condition, left shoulder sprain with tendinitis, impingement, and lumbar sprain. MRI (magnetic resonance imaging) of the left shoulder from November 2012 shows fraying on the bursal surface of the supraspinatus tendon with a type III acromion. The patient has been treated with physical therapy and a TENS (Transcutaneous electrical nerve stimulation) unit. Left shoulder examination detailed 135 degrees of flexion 90Â° of abduction, 50Â° of external rotation, and 60Â° of internal rotation. Impingement test was positive and drop on test was positive. Weakness was reported involving the left shoulder for flexion and abduction. There is documentation a cortisone shoulder injection was recommended, but the medical records do not contain any evidence that the patient had injections and they did not contain any evidence of a functional benefit reported that the injection. At issue is whether surgical treatment of the shoulder is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with subacromial decompression, acromioplasty, and debridement: Upheld

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

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

Decision rationale: This patient does not meet establish criteria for shoulder surgery at this time. Specifically, there is no documentation of the patient having cortisone injections in the shoulder. There is no documentation of any evidence of functional benefit after cortisone injection.. Established criteria indicate that the patient must have at least 3-6 months of conservative care including cortisone injections. Since the patient does not have documented cortisone injections in the medical record, the patient does not meet establish criteria for shoulder surgery at this time.

12-18 sessions of post-operative physical therapy for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the patient does not meet establish criteria for shoulder surgery, therefore postoperative physical therapy is also not medically necessary at this time.