

Case Number:	CM13-0060789		
Date Assigned:	12/30/2013	Date of Injury:	02/22/2012
Decision Date:	04/04/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/04/2013

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 Hand 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 35-year-old female who reported an injury on 2/22/12. The mechanism of injury was not provided for review. The patient was initially treated with physical therapy that failed to resolve the patient's pain complaints. The patient underwent an MR arthrogram in December 2012 that documented the patient had mild to moderate tendinosis of the distal right supraspinatus tendon and a tiny SLAP lesion. The patient was evaluated in September 2013, and it was documented that the patient had a disruption in treatment of her bilateral shoulders, wrists, and hands secondary to a pregnancy. The patient was evaluated in November 2013. Physical findings included tenderness to the acromioclavicular joint with a positive impingement sign, positive Speed's test, and a questionably positive Hawkin's test, positive O'Brien's Test, positive cross body sign, and tenderness to palpation of the levator scapular muscle. The patient's assessment included right shoulder superior labral tear with partial rotator cuff tear and impingement, and AC joint degeneration. The patient's treatment plan included surgical intervention and postsurgical care.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 12 visits of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Ultra sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Surgical assistant PA-C: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Right shoulder arthroscopy, biceps tenotomy, and distal clavicle resection: Upheld

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

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

Decision rationale: The ACOEM recommends surgical intervention for patients who have physical findings corroborated by an imaging study that would benefit from surgical intervention after a period of conservative treatment has failed to resolve the patient's symptoms. The clinical documentation submitted for review does provide evidence that the patient previously underwent physical therapy over a year ago that was providing functional benefit and pain relief. However, the patient's treatment was disrupted due to pregnancy. There is no documentation that the patient has received any recent conservative therapy to include physical therapy, a home exercise program, medications, or injection therapy. Though the patient does have physical findings of impingement syndrome and evidence of tendinosis of the right supraspinatus tendon on the patient's most recent imaging study, surgical intervention would not be supported at this time, as there was no documentation of conservative therapy after the patient's pregnancy. As such, the requested right shoulder arthroscopy, biceps tenotomy, and distal clavicle resection is not medically necessary or appropriate.

