

Case Number:	CM13-0061565		
Date Assigned:	12/30/2013	Date of Injury:	12/01/2012
Decision Date:	04/16/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/05/2013

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:

This 52-year-old patient has a date of injury of February 1, 2012. He has been treated for left shoulder pain. Records provided support the diagnosis of left shoulder impingement syndrome. MRI report from June 2013 revealed mild rotator cuff tendinosis, mild synovial thickening, and subacromial bursa narrowing of the coracohumeral interval with subscapularis tendinosis. The claimant has failed to improve with Naprosyn, ice, rest, physical therapy, HEP, bracing and a subacromial injection. Left shoulder scope with debridement, postoperative physical therapy and a sling was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder scope with debridement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 560-561.
Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

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

Decision rationale: Shoulder scope with debridement would be considered medically necessary and appropriate based on the records provided in this case and the ACOEM Guidelines. ACOEM Guidelines support shoulder surgery for impingement syndrome if patients fail at least three to

six months of conservative care to include cortisone injections. In this case, the records provided document three to six months of conservative care to include a cortisone injection. Therefore, left shoulder scope with debridement would be considered medically necessary and appropriate.

Post-operative physical therapy 2 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: Postoperative physical therapy, two times a week for four weeks, would be considered medically necessary and appropriate based on the records provided in this case and the CA MTUS Post-Surgical Rehabilitative 2009 Guidelines. Post-Surgical Rehabilitative Guidelines support up to twenty-four visits over fourteen weeks following surgery for impingement syndrome. It would be reasonable, as has been requested, to start with two visits over four weeks' time. Therefore, postoperative physical therapy two times for four weeks would be considered medically necessary and appropriate in this case.

Sling: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp: 18th Edition; 2013 Updates: Chapter Shoulder: postoperative shoulder immobilization. Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow

Decision rationale: The CA MTUS and ACOEM Guidelines do not apply. Following the Official Disability Guidelines, a sling would be considered medically necessary and appropriate based on the records provided in this case. It is reasonable to utilize a sling following shoulder surgery. As surgery has been certified in this case, a sling would be considered medically necessary and appropriate