

Case Number:	CM14-0001106		
Date Assigned:	01/22/2014	Date of Injury:	09/01/2008
Decision Date:	05/07/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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:

The claimant is a 53 year old female who injured her right upper extremity on September 1, 2008. The records provided for review identified an operative report dated 04/05/13 for right shoulder arthroscopy, decompression, rotator cuff repair and Mumford Procedure. Postoperatively, the claimant attended 20 physical therapy sessions and received a Cortisone injection for continued symptoms. The postoperative MRI report dated September 12, 2013 documented supraspinatus tendinosis but did not describe any rotator cuff or labral pathology. It was noted that the claimant had a previous AC joint resection. The clinical assessment dated December 12, 2013 described the claimant with continued complaints of right shoulder pain and examination findings of tenderness over the AC joint, positive O'Brien's testing and pain with forward flexion and abduction. The claimant was diagnosed with persistent rotator cuff tendinosis and revision arthroscopy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Partial claviclectomy (Mumford procedure); Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 20

Decision rationale: Based on the CA ACOEM Guidelines and supported by the Official Disability Guidelines, the request for right shoulder arthroscopy to include revision arthroscopy with decompression and revision distal clavicle excision with possible labral repair cannot be recommended as medically necessary. The clinical records provided for review do not identify internal derangement of the shoulder on imaging to support further operative intervention. The need for surgical process based on the claimant's clinical picture and prior surgery performed would not support the requested revision decompressive processes. This request is not indicated.

POST-OP CORTICOSTEROID INJECTIONS TIMES 2: Upheld

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

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

Decision rationale: CA ACOEM Guidelines do not support multiple corticosteroid injections to the shoulder. At the present there is no documentation to support the need for a corticosteroid injection as they are only recommended based on symptomatic flare and on an individual basis. Therefore, the request for two injections is not indicated.

A POST-OP CRYOTHERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder Chapter, Continuous Flow Cryotherapy.

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: shoulder procedure - Continuous-flow cryotherapy.

Decision rationale: The proposed right shoulder arthroscopy for revision surgery is not recommended as medically necessary. Therefore, the request for a cryotherapy device is not necessary.

POST-OP PHYSICAL THERAPY TIMES TWELVE (12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed right shoulder arthroscopy for revision surgery is not recommended as medically necessary. Therefore, the request for twelve sessions of physical therapy is not recommended as medically necessary.

A SHOULDER IMMOBILIZER: Upheld

Claims Administrator guideline: The Claims Administrator 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: Shoulder Procedure - Postoperative Abduction Pillow Sling.

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: Shoulder Procedure - Postoperative Abduction Pillow Sling.

Decision rationale: The proposed right shoulder arthroscopy for revision surgery is not recommended as medically necessary. Therefore, the request for use of a shoulder immobilization is not recommended as medically necessary.

A SHOULDER SLING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition, (web), 2013, Shoulder Chapter, Postoperative Abduction Pillow Sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - postoperative abduction pillow sling.

Decision rationale: The proposed right shoulder arthroscopy for revision surgery is not recommended as medically necessary. Therefore, the request for a shoulder sling is not recommended as medically necessary.