

Case Number:	CM14-0001479		
Date Assigned:	01/22/2014	Date of Injury:	03/04/2012
Decision Date:	06/11/2014	UR Denial Date:	12/04/2013
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 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 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 injured worker is a 39 year old female who reported an injury to her right shoulder. The therapy note dated 12/21/12 indicates the injured worker having completed 18 physical therapy sessions to date. The clinical note dated 01/16/13 indicates the injured worker complaining of right shoulder pain. Upon exam, the injured worker was able to demonstrate 150 degrees of right shoulder flexion, 150 degrees of abduction, 80 degrees of external rotation, and 30 degrees of internal rotation. The injured worker was identified as having a positive Hawkins' sign. 5-/5 strength was identified at the supraspinatus and infraspinatus. The clinical note dated 02/13/13 indicates the injured worker continuing with complaints of right shoulder pain. A cross arm test was identified as being positive at that time. No strength deficits were identified throughout the shoulder. The operative report dated 08/30/12 indicates the injured worker undergoing a SLAP repair as well as a partial articular surface rotator cuff repair, and a subacromial decompression. The clinical note dated 02/27/12 indicates the injured worker continuing with complaints of right shoulder pain despite the previous surgical intervention. The note indicates the injured worker having completed a total of 32 physical therapy visits to date. The clinical note dated 03/13/13 indicates the injured worker complaining of a deterioration at the right shoulder indicated by a high level of pain. The injured worker is utilizing medications to address the increased pain. The MRI of the right shoulder dated 03/21/13 revealed tendinosis at the supraspinatus and infraspinatus. No evidence of a rotator cuff tear was identified. There is an indication of a persistent hyperintensity signal noted in the lateral and anterolateral aspect of the supraspinatus tendon most compatible with a partial intrasubstance tear. The anterior labrum and biceps anchor are intact. Small joint effusion was identified. The clinical note dated 03/28/13 indicates the injured worker having initiated acupuncture treatments. The injured worker continued with worsening right shoulder pain with difficulty with range of motion. The clinical note dated

04/10/13 indicates the injured worker utilizing Duexis and Gabapentin for pain. The clinical note dated 05/22/13 indicates the injured worker being recommended for a surgical intervention at the right shoulder. The previous review dated 12/04/13 resulted in a denial for a right shoulder subacromial decompression, a game ready unit, and postoperative physical therapy as no significant pathology was confirmed by imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION, DEBRIDEMENT, BICEPS TENOTOMY;; Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The documentation indicates the injured worker complaining of ongoing right shoulder pain despite a previous surgical intervention. A subacromial decompression with a debridement and biceps tenotomy would be indicated provided the injured worker meets specific criteria to include the imaging studies confirming a significant pathology likely to benefit from a surgical procedure. The submitted MRI revealed no definitive evidence establishing the medical need for a subacromial decompression. Given that no positive evidence was confirmed by the submitted MRI regarding impingement, this request is not indicated.

GAME READY UNIT: 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 items/services are medically necessary.

POST-OPERATIVE PHYSICAL THERAPY 2-3 TIMES PER WEEK FOR 3 WEEKS: 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 items/services are medically necessary.

