

Case Number:	CM14-0010995		
Date Assigned:	07/09/2014	Date of Injury:	05/08/2006
Decision Date:	08/07/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 57-year-old gentleman who injured his right shoulder in a work related accident on May 8, 2006 secondary to cumulative trauma. The records provided for review document that the claimant is status post right shoulder arthroscopic subacromial decompression, distal clavicle excision, and rotator cuff repair with two prior suture anchors to the greater tuberosity. These were confirmed on recent plain film radiographs. The follow up report of December 4, 2013 described chronic and ongoing complaints of pain to the shoulder, worse with overhead activities. Physical exam showed positive Neer and Hawkin's testing, restricted range of motion at end points but no documented weakness. Conservative treatment was not documented; specifically there is no documentation that the claimant has received physical therapy or injections. The report pg plain film radiographs demonstrated satisfactory position of prior retained hardware to the greater tuberosity. The recommendation was made for arthroscopy with hardware removal and eighteen sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PROSPECTIVE REQUEST FOR 1 RIGHT SHOULDER ARTHROSCOPY WITH REMOVAL OF HARDWARE BETWEEN 1/7/2014 AND 2/21/2014 IS NON-CERTIFIED.: Upheld

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

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

Decision rationale: Based on California ACOEM Guidelines, the proposed arthroscopy for removal of hardware from the prior rotator cuff repair would not be indicated. While this individual is noted to have continued pain complaints, there is no documentation of imaging supporting a surgical lesion that has been documented to benefit with operative intervention as recommended by ACOEM Guidelines. There is no indication of malposition or failure of prior hardware. It should also be noted that there is no documentation of recent conservative care including no documentation of physical therapy or injections. Given the claimant's physical examination findings and radiographs alone, the role of operative intervention has not been established. Therefore, the request for 1 right shoulder arthroscopy with removal of hardware is not medically necessary and appropriate.

THE PROSPECTIVE REQUEST FOR 18 POSTOPERATIVE PHYSICAL THERAPY SESSIONS BETWEEN 1/7/2014 AND 3/8/2014 IS NON-CERTIFIED.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed arthroscopy for removal of hardware from the prior rotator cuff repair would not be indicated. Therefore, the request for eighteen sessions of physical therapy also is not medically necessary.