MAXIMUS Federal Services

Case Number:	CM14-0017588		
Date Assigned:	04/16/2014	Date of Injury:	07/25/2010
Decision Date:	06/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 54-year-old female who was injured on July 25, 2010 sustaining injuries to her bilateral shoulders. In regards to the left shoulder, there is documentation of a recent April 19, 2013 revision arthroscopy with subacromial decompression, distal clavicle excision, debridement of SLAP lesion and removal of prior suture anchor from failed rotator cuff repair. There is also documentation of a recent right shoulder subacromial decompression with distal clavicle excision from October 25, 2013. Follow-up clinical report of January 17, 2014 indicates continued bilateral shoulder discomfort following the above mentioned surgeries. Examination showed the left shoulder to be with 4-/5 strength with 0 to 125 degrees active forward flexion and abduction, 0 to 145 degrees on the right with 4+/5 strength. There was pain with impingement bilaterally. Recommendations were for continuation of bilateral shoulder physical therapy for six additional visits as well as a repeat MR arthrogram to the left shoulder given the claimant's ongoing discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: California ACOEM Guidelines would not support the role of further imaging to the claimant's left shoulder. Records indicate the claimant was with clear documentation of an irreparable rotator cuff tear for which suture anchors were removed and no revision process took place in April 2013. This would correlate with the claimant's weakness on examination. While the claimant is still with diminished motion at end points, there is no acute clinical finding for which the role of further imaging including arthrogram would be indicated. The request for MRI Arthrogram of the left shoulder is not medically necessary.

PHYSICAL THERAPY TIMES 6 VISITS FOR THE BILATERAL SHOULDERS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines supported by California MTUS Chronic Pain Guidelines would not support six additional sessions of physical therapy to the bilateral shoulders. The claimant is noted to be greater than three months following right sided decompression and over nine months following revision shoulder arthroscopy to the left shoulder at time of request. There is a significant course of postoperative physical therapy noted. Particularly to the claimant's left shoulder, it would be unclear as to why transition to an aggressive home exercise program could not occur at this stage in postoperative course of care. The specific request for six additional sessions of therapy which would exceed Guideline criteria that would support no more than twenty-four sessions of postoperative therapy would not be indicated. The request for physical therapy times 6 visits for the bilateral shoulders is not medically necessary.