

Case Number:	CM14-0112988		
Date Assigned:	08/01/2014	Date of Injury:	09/15/2012
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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:

This 37-year-old male ranch hand sustained an industrial injury on 9/15/12. Injury occurred while pulling on a stuck sprinkler with onset of sharp pain in the front of his shoulder. The 2/7/14 left shoulder MRI impression documented bursal surface partial tearing of the supraspinatus cuff at the critical area just inferior to a downsloping anterolateral acromion. There was a possible small mid anterior labral tear. The 6/12/14 treating physician report cited 6/10 left shoulder pain and 5/10 left chest wall pain. The patient had a significant decline in activity and function involving the left upper extremity. Medications provided improvement in pain and function. Objective findings documented left shoulder tenderness, markedly limited and painful range of motion, positive impingement signs and decreased cervical trapezius spasms. Left arthroscopic subacromial decompression was requested. The treatment plan recommended continued TENS unit and medications. The 6/20/14 PQME report documented left shoulder pain increased on cross reaching, and reaching above shoulder height. There was night time pain. Physical exam documented subacromial bursa, posterior glenohumeral joint, scapula, and latissimus dorsi tenderness to palpation. There was a painful arc of motion 90-110 degrees and normal left upper extremity strength. There was a 20-30% loss of shoulder range of motion globally. Orthopedic testing was negative for instability, impingement, rotator cuff pathology and biceps tendonitis. Disjointed treatment was documented. Additional physical therapy and a subacromial injection were recommended. The 7/3/14 utilization review denied the left shoulder arthroscopy and associated requests as there was no documentation of guideline-recommended conservative treatment. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed to support the medical necessity of the requested surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 3 x Wk x 4 Wks, Left Shoulder: 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 Page(s): 27.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.