

Case Number:	CM14-0128100		
Date Assigned:	08/15/2014	Date of Injury:	12/28/2009
Decision Date:	09/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 licensed in Chiropractic care, 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:

According to the available medical records, this is a 53 year old female patient with chronic shoulders pain, date of injury 12/28/2009. Previous treatments include medications, left shoulder arthroscopic surgery and post-op physical therapy. Progress report dated 06/17/2014 by the treating doctor revealed patient done well with left shoulder arthroscopic surgery. Exam showed healed scars in the left shoulder, positive impingement sign on the right shoulder, ROM of the right shoulder: flexion 113/180, extension 44/50, abduction 115/180, adduction 50/50, internal rotation 27/90 and external rotation 65/90. Diagnoses include sprain of neck, tenosynovitis of hand/wrist, impingement syndrome and carpal tunnel syndrome. The patient remained off work.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Reviewed of the available medical records did not show any history of cortisone injections or conservative care for the right shoulder, history of treatment is limited to

medications and work restrictions. Based on the guidelines cited above, the request for right shoulder arthroscopic is currently not medically necessary.

Cold Unit, Post-Op Physical Therapy x12: 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 services are medically necessary.

Medical Clearance for Pre-Diabetes and Hypertension: 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 services are medically necessary.

Continuous Passive Motion (CPM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Not recommended for rotator cuff problem, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per weeks.

Decision rationale: Medical records showed patient with chronic impingement syndromes. There is no evidence, exam findings or diagnostic imaging that suggests adhesive capsulitis. Based on ODG guidelines for continuous passive motion (CPM), it is not medically necessary for this patient.