

Case Number:	CM14-0133919		
Date Assigned:	08/25/2014	Date of Injury:	01/16/2012
Decision Date:	10/02/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 47 year old female who had a work related injury on 01/16/2012. The injured worker was employed at the [REDACTED] as a vineyard worker. On the date of injury she injured her right shoulder and right wrist in the course of pruning. There are some overlapping issues with the right shoulder and right wrist. The injured worker states she began developing pain in the right upper extremity starting in about 2005 and gradually increasing in severity until the specific injury of 01/16/12. The injured worker also complains of neck pain, sleep disturbance, and there is a stress claim though it is not entirely clear what the stress claim is related to. The injured worker mentioned that she felt stressed because her employer asked her to work faster. Her current complaints are pain in the right shoulder, right arm and right wrist, neck and back with sleep and stress disturbance. The injured worker underwent surgery of her right shoulder in 2012 and it was noted the surgeries have been of very little benefit. The injured worker states she has had no specific treatment for her neck complaints. The most recent medical record submitted for review is dated 06/12/14. Right shoulder, wrist and hand pain is rated 5/10. Medication does help, denies side effects. Objective findings tenderness in right shoulder, range of motion is limited with pain. No infection. Right wrist and hand exam essentially unchanged. There is tenderness to the right shoulder anterior aspect and at the acromioclavicular joint. No signs of infection. Right shoulder abduction is 60 degrees, forward flexion is 60 degrees. Atrophy of the right deltoid musculature. Diagnoses status post right shoulder surgery May 2012, right shoulder rotator cuff tear with chronic impingement, right carpal tunnel syndrome. Prior utilization review on 07/25/14 was non-certified. Magnetic resonance imaging scan of late 2013 demonstrates a partial thickness rotator cuff tearing with recent clinical records failing to demonstrate conservative care that has been utilized. Current

request is for right arthroscopic subacromial decompression, 12 sessions of physical therapy, history and physical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right arthroscopic subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Surgery for impingement syndrome

Decision rationale: The request for right arthroscopic subacromial decompression is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. There is no documentation of 3-6 months of conservative treatment, no indication that the injured worker has undergone any injection treatment. Therefore medical necessity has not been established.

Twelve sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for twelve sessions of physical therapy is predicated on the initial surgical request, as this has been found not to be medically necessary the subsequent request is not necessary.

History and Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Examination Page(s): 6.

Decision rationale: The request for history and physical is predicated on the initial surgical request, as this has been found not to be medically necessary the subsequent request is not necessary.