

Case Number:	CM14-0135390		
Date Assigned:	08/29/2014	Date of Injury:	12/08/2009
Decision Date:	10/08/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/22/2014

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:

61 year old female claimant with an industrial injury dated 12/08/09. Exam note 9/24/2013 demonstrates the right shoulder is gradually worsening. Examination of the right shoulder demonstrates pain on cross reach and tenderness in the subacromial space with crepitation. The range of motion and abduction is 89, Flexion is 103, External rotation is 32 and internal rotation is 29. Exam note 03/05/14 states the patient returns with right shoulder pain and left knee pain. Physical exam demonstrates tenderness in the subacromial space with crepitation surrounding the right shoulder with pain on the cross reach. Range of motion was listed as 86 degrees abduction, 99 degrees flexion, external rotation of 31 degrees, and internal rotation of 26 degrees. Treatment includes physical therapy, and right shoulder surgery and left knee arthroscopy. Certification for left knee arthroscopy is given on 7/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Scope: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC Arthroscopy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, acromioplasty

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, pages 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 3/5/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 3/5/14 does not demonstrate evidence satisfying the cited criteria. Therefore the determination is not medically necessary.

24 PT visits for left knee and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12 week period. In this case the request is for 24 visits which exceed the guidelines. Therefore the determination is not medically necessary. With regards to the right shoulder, as the surgical procedure is not medically necessary, the decision is not medically necessary of the therapy request.

Post -op DME for left knee and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA < Blue Cross of California Police Durable Medical Equipment

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.