

Case Number:	CM14-0135602		
Date Assigned:	08/29/2014	Date of Injury:	11/13/2010
Decision Date:	09/29/2014	UR Denial Date:	08/15/2014
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 Orthopaedic Surgery and is licensed to practice in Texas. 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 40 year old female. She reported injury 11/13/10 when she was removing bread out of pans all day. The injured worker was diagnosed with chronic impingement right shoulder, rotator cuff tendinopathy and partial thickness rotator cuff tears. There was a magnetic resonance imaging (MRI) dated 5/12/14 with findings of tendinosis and partial thickness articular surface tear of distal subscapularis near its insertion. The injured worker was seen 6/24/14 complaining of pain. She has not had physical therapy for this condition. The injured worker desires to avoid interventional treatment. Medication is reported to help. She is tender anterior shoulder and acromioclavicular joint. The range of motion was reported to be limited. Physical therapy was recommended along with medication. On 7/29/14 the only other exam finding was impingement sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-operative physical therapy visits for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-212.

Decision rationale: There are not additional circumstances provided to support the request for post-operative therapy when need for surgery has not been established with failure of conservative measures. In addition, according to the Medical Treatment Utilization Schedule (MTUS), "Initial course of therapy" means one half of the number of specified visits for the requested surgery. There are not any extenuating circumstances to support the request for more than the initial request of 12 visits as 24 visits over 14 weeks is specified. As the associated surgical request has been non-certified there is no medical necessity for 12 post-operative physical therapy visits for the right shoulder.

One right shoulder arthroscopic subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers Compensation, online edition, Shoulder Chapter, shoulder Diagnostic arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): page(s) 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Rotator Cuff Repair Official Disability Guidelines (ODG) Surgery for Impingement Syndrome.

Decision rationale: The injured worker had a date of injury several years ago. She has a chronic condition. She reported pain and discomfort but failed to have adequate conservative treatment documented. In addition the clinical exam is not thorough in documentation to include full strength and range of motion evaluation compared to contralateral side, documentation of a painful arc consistent with impingement, provocative testing, plain radiographs. In addition, there has not been documentation of an intraarticular steroid injection and response to treatment. Prior to surgical intervention, the guidelines recommend three months of conservative treatment which has not been documented. The injured worker has not had adequate conservative measures attempted prior to the requesting surgical intervention. Conservative measures do work with impingement syndrome and rotator cuff pathology. Therefore, the request for right shoulder arthroscopic subacromial decompression is not medically necessary and appropriate.