

Case Number:	CM14-0157113		
Date Assigned:	09/30/2014	Date of Injury:	09/26/2009
Decision Date:	11/25/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/26/09 when, while working at a wedding, she was escorting an overweight woman who tripped, sustaining an injury to her right arm as they both fell. She continues to be treated for right shoulder, right knee, and low back pain. As of 05/27/14 she had attended six chiropractic treatment sessions. Therapeutic content included right shoulder range of motion with myofascial release, electrical stimulation, an upper body ergometer, and ice/cold pack treatment. She was seen by the requesting provider on 05/29/14. She was having ongoing right shoulder, right knee, and low back pain. She was having difficulty sleeping. Physical examination findings included acromioclavicular joint tenderness and decreased and painful range of motion. There was generalized weakness. Impingement testing and Speeds tests were positive. Recommendations included continued chiropractic treatments, authorization for physical therapy, and additional imaging. She was continued at temporary total disability. A magnetic resonance imaging (MRI) of the right shoulder on 06/18/14 references a subacromial bursectomy with acromioplasty done in 2012. The study showed acromioclavicular joint hypertrophy with degeneration and mild supraspinatus tendinosis without full thickness tear. There was subscapularis tendinosis with a possible labral tear. An MRI arthrogram was recommended. On 09/11/14 she was having ongoing symptoms. Physical examination findings appear unchanged. Imaging results were reviewed. Requests included authorization for a subacromial decompression with 12 sessions of physical therapy, a cold unit, and a CPM device. She was continued at temporary total disability. Norco 10/325mg #90 was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

right shoulder subacromial decompression: Upheld

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

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

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for right shoulder, right knee, and low back pain. Treatments have included a subacromial bursectomy with acromioplasty done in 2012. A magnetic resonance imaging (MRI) of the right shoulder in June 2014 showed acromioclavicular joint hypertrophy with degeneration, mild supraspinatus tendinosis without full thickness tear, subscapularis tendinosis, and a possible labral tear. Applicable criteria for the requested surgery in this case include that imaging findings show evidence of impingement. The MRI in June 2014 does not provide evidence of impingement and therefore the requested right shoulder subacromial decompression is not medically necessary.

right shoulder sling: Upheld

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

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

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for right shoulder, right knee, and low back pain. Treatments have included a subacromial bursectomy with acromioplasty done in 2012. A magnetic resonance imaging (MRI) of the right shoulder in June 2014 showed acromioclavicular joint hypertrophy with degeneration, mild supraspinatus tendinosis without full thickness tear, subscapularis tendinosis, and a possible labral tear. Applicable criteria for the requested surgery in this case include that imaging findings show evidence of impingement. The MRI in June 2014 does not provide evidence of impingement and therefore the requested right shoulder subacromial decompression is not medically necessary. Therefore, the requested shoulder sling for post-operative use is not medically necessary.

Cold unit: Upheld

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

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

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for right shoulder, right knee, and low back pain. Treatments have included a subacromial bursectomy with acromioplasty done in 2012. A magnetic resonance imaging (MRI) of the right shoulder in June 2014 showed acromioclavicular joint hypertrophy with degeneration, mild supraspinatus tendinosis without full thickness tear, subscapularis tendinosis, and a possible labral tear. Applicable criteria for the requested surgery in this case include that imaging findings show evidence of impingement. The MRI in June 2014 does not provide evidence of impingement and therefore the requested right shoulder subacromial decompression is not medically necessary. Therefore, the requested shoulder cold unit for post-operative use is not medically necessary.

Post-op physical therapy 3x4 weeks: Upheld

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

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

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for right shoulder, right knee, and low back pain. Treatments have included a subacromial bursectomy with acromioplasty done in 2012. A magnetic resonance imaging (MRI) of the right shoulder in June 2014 showed acromioclavicular joint hypertrophy with degeneration, mild supraspinatus tendinosis without full thickness tear, subscapularis tendinosis, and a possible labral tear. Applicable criteria for the requested surgery in this case include that imaging findings show evidence of impingement. The MRI in June 2014 does not provide evidence of impingement and therefore the requested right shoulder subacromial decompression is not medically necessary. Therefore, the requested post-op physical therapy is not medically necessary.

CPM machine machine/pad kit: Upheld

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

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

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for right shoulder, right knee, and low back pain. Treatments have included a subacromial bursectomy with acromioplasty done in 2012. A magnetic resonance imaging (MRI) of the right shoulder in June 2014 showed acromioclavicular joint hypertrophy with degeneration, mild supraspinatus tendinosis without full thickness tear, subscapularis tendinosis, and a possible labral tear. Applicable criteria for the requested surgery in this case include that imaging findings show evidence of impingement. The MRI in June 2014 does not provide evidence of impingement and therefore the requested right shoulder subacromial decompression is not medically necessary. Therefore, the requested shoulder CPM machine machine/pad kit for post-operative use is not medically necessary.