

Case Number:	CM14-0020241		
Date Assigned:	04/25/2014	Date of Injury:	02/01/2012
Decision Date:	07/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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, a 55-year-old female, injured 02/01/12 sustaining an injury to the right shoulder. The 08/12/13 MRI report of the shoulder identified full thickness tearing of the supraspinatus and partial thickness tearing of the infraspinatus. A 10/07/13 follow-up examination of the right shoulder noted continued complaints of pain; examination revealed a painful arc of impingement, positive impingement testing, and pain with resisted forward flexion and abduction. The 12/06/13 progress report documented continued shoulder pain with examination showing weakness of the rotator cuff at 4/5 and restricted range of motion. The report documented that the claimant had failed conservative care and recommended arthroscopy and rotator cuff repair. There is no documentation of specific conservative measures for the claimant's symptoms.

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 Non-MTUS Official Disability Guidelines (ODG), Shoulder; Indications For Surgery.

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

Decision rationale: Based on California ACOEM Guidelines, the proposed right shoulder arthroscopy is not recommended as medically necessary. While this individual has imaging evidence of full thickness rotator cuff tearing, he is two and a half years from the time of injury. There is no documentation of recent conservative treatment including injection therapy offered to the claimant for his symptoms. Therefore, the lack of documentation of conservative measures at this chronic stage from time of injury would not support the right shoulder arthroscopy. Therefore, the request for right shoulder arthroscopy is not medically necessary and appropriate.

ASSISTANT SURGEON: 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.

CPM (CONTINUOUS PASSIVE MOTION) FOR FOUR WEEKS: 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.

VASCUTHERM 4 FOR THREE WEEKS (21 DAYS): 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.

POST-OP PHYSICAL THERAPY (PT) FOR THE RIGHT SHOULDER, 3 X PER WEEK FOR 4 WEEKS: 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.