

Case Number:	CM14-0027346		
Date Assigned:	06/13/2014	Date of Injury:	05/27/2009
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/04/2014

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:

The injured worker is a 50-year-old male who reported an injury on 05/27/2009. The mechanism of injury was not specifically stated. Current diagnosis is continued, lingering tendinitis with rotator cuff and bicipital tendinitis. The injured worker was evaluated on 02/17/2014 with complaints of persistent left shoulder pain. Previous conservative treatment includes a cortisone injection, physical therapy, and anti-inflammatory medication. Physical examination on that date revealed normal range of motion of the left shoulder, limited strength, significant tenderness along the biceps tendon and subacromial space with resisted forward flexion and external rotation. Treatment recommendations included a diagnostic arthroscopic probable decompression, tenotomy, and tenodesis of the biceps tendon. It is noted that the injured worker underwent an MRI of the left shoulder on 02/07/2014, which indicated moderate acromioclavicular degenerative joint disease and undersurface osteophytosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT DIAGNOSTIC ARTHROSCOPY WITH PROBABLE DECOMPRESSION, TENOTOMY WITH TENODESIS OF THE BICEPS TENDON: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3 to 6 months prior to considering surgery. As per the documentation submitted, the injured worker has been previously treated with physical therapy, anti-inflammatory medication and a cortisone injection without improvement. Physical examination does reveal limited strength and significant tenderness along the biceps tendon and subacromial space with resisted forward flexion and external rotation. An MRI rarely indicates obvious bicep abnormality. Given the persistent bicep pain and impingement, as well as adequate conservative treatment, surgical intervention can be determined as medically appropriate in this case. As such, the request is medically necessary.

PT 3X4 FOR THE LEFT SHOULDER: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 27.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Post-surgical treatment for Impingement Syndrome includes 24 visits over 14 weeks. The current request for 12 sessions of post-operative physical therapy for the left shoulder does fall within Guideline recommendations. Therefore, the request is medically necessary.