

Case Number:	CM14-0028581		
Date Assigned:	06/16/2014	Date of Injury:	10/09/2013
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/06/2014

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:

This 37- year-old female kitchen manager sustained an industrial injury on 10/9/13 when she slipped and fell. Initial conservative treatment included activity modification, anti-inflammatory medications, and referral to physical therapy. The 12/26/13 right shoulder MRI impression documented a type 3 acromion process with 30 degrees lateral acromial downsloping, but no significant narrowing of the subacromial space was evident. There was posterior humeral head subchondral trabecular edema consistent with bone contusion. The 1/16/14 treating physician report documented right shoulder flexion 0-90 degrees, abduction 0-95 degrees, positive drop arm test limited by pain and crepitus, painful arc of motion, pain with extremes of motion, passive external rotation 90 degrees, positive impingement sign, and positive biceps stress, Hawkins's, Neer, Speed and Yergason's tests. A subacromial injection was provided with substantial reduction in pain reported. The 1/30/14 physical therapy progress report documented completion of 12/12 physical therapy visits with no change in pain level and some improvement in shoulder abduction and external rotation range of motion. There was moderate range of motion and functional limitation documented with continued high levels of pain. The 2/13/14 treating physician progress report cited persistent right shoulder pain with no change in clinical exam findings despite cortisone injection and physical therapy. The treatment plan recommended right shoulder arthroscopy with subacromial decompression, assistant surgeon, pre-ops clearance, cold therapy unit x 7 days, and 12 positive physical therapy sessions. The 2/26/14 utilization review denied the request for one shoulder abduction sling and 12 post-operative physical therapy sessions as the surgical request had been deemed not medically necessary. Guidelines criteria have now been met for the requested right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SHOULDER ABDUCTION SLING: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Abduction Pillow Sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Under consideration is a request for one shoulder abduction sling. The ACOEM guidelines state that the shoulder joint can be kept at rest in a sling if indicated. The patient is an appropriate candidate for the post-operative use of a shoulder immobilizer. Therefore, this request for one shoulder abduction sling is medically necessary.

12 POST OPERATIVE PHYSICAL THERAPY SESSIONS: Overturned

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

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

Decision rationale: Under consideration is a request for 12 post-operative physical therapy sessions. The California MTUS Post-Surgical Treatment Guidelines for acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. A right shoulder arthroscopy with subacromial decompression is medically necessary. This request for post-operative physical therapy is consistent with an initial course of therapy. Therefore, this request for 12 post-operative physical therapy sessions is medically necessary.