

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0035959 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 07/08/2013 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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 South Dakota. 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 60 year-old female injured on July 8, 2013 due to a fall, landing on both arms. The most recent clinical note by orthopedic surgeon, dated January 7, 2014, indicates the injured worker presents with a frozen left shoulder as well as pain and limitations in range of motion. The injured worker takes Ibuprofen 800mg three times daily. Physical exam of the left shoulder reveals 90 degrees of forward flexion and abduction. Diagnoses include left proximal humerus fracture and left shoulder adhesive capsulitis. Physical therapy daily note, dated November 26, 2013, indicates the injured worker is unable to lift objects over head; left shoulder is very weak, and very tight. The injured worker has difficulty performing activities of daily living due to decreased range of motion and pain in left shoulder. The injured worker doesn't feel physical therapy has improved left shoulder range of motion. The injured worker states pain is worse during activity but better with rest, heat and massage. The injured worker is well versed on home exercise program and compliant with prescribed regimen. The request for left shoulder distension arthrogram was denied in previous utilization review, dated March 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Distension Arthrogram of the left shoulder: Upheld

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 (Acute & Chronic)- hydroplasty/hydrodilation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Hydroplasty/hydrodilation.

Decision rationale: MTUS does not address. ODG considers the requested service of distension arthrography/hydroplasty/hydrodilation to be experimental with no high quality studies to support its use. Therefore it is not considered medically necessary.