

Case Number:	CM14-0066995		
Date Assigned:	07/11/2014	Date of Injury:	04/20/2013
Decision Date:	09/17/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 Texas. 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 52-year-old female who reported an injury on 04/20/2013 after lifting a heavy object. The injured worker reportedly sustained an injury to her shoulder. The injured worker's treatment history included steroid injections, physical therapy, medications, and shock wave therapy. The injured worker underwent an MR arthrogram on 10/22/2013 that documented there was an acromion impingement with osteoarthritis of the acromioclavicular joint and tendinosis of the supraspinatus and infraspinatus. The injured worker was evaluated on 04/24/2014. It was indicated that the injured worker had persistent shoulder pain complaints. Physical findings included cervical spine pain with range of motion causing an increase in pain. An evaluation of the right shoulder documented there was mild evidence of scapulothoracic dyskinesia, a positive Hawkins and Neer's test, a positive cross-arm abduction test, and 4/5 motor strength of the supraspinatus, external rotators. The injured worker had a positive Speed's test, O'Brien's test, and apprehension and relocatoin test and Yergenson's test. It was also noted that there was tenderness over the acromioclavicular joint. The injured worker's diagnoses included right shoulder rotator cuff tear and supraspinatus and subacromial impingement with acromioclavicular joint arthritis and cervical disc degeneration. A request was made for right shoulder surgery. However, no justification for the request or Request for Authorization form was provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-operative Physical Therapy Visits with Evaluation: 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: The requested 12 postoperative physical therapy visits with evaluation is medically necessary and appropriate. The California Medical Treatment Utilization Schedule recommends up to 24 visits as appropriate postsurgical management for rotator cuff and impingement syndrome surgery. The California Medical Treatment Utilization Schedule recommends an initial course of treatment equal to half the number of recommended visits. This would be 12 postoperative physical therapy visits. The clinical documentation submitted for review does support that the injured worker is a surgical candidate. Therefore, postoperative treatment would be supported. As such, the requested 12 postoperative physical therapy visits with evaluation is medically necessary and appropriate.

1 Right Shoulder Arthroscopy with Possible Rotator Cuff Repair, Labral Repair, Subacromial Decompression and Mumford Procedure: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: The requested right shoulder arthroscopy with possible rotator cuff repair, labral repair, subacromial decompression, and Mumford procedure is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for shoulder surgeries be supported by examination findings consistent with pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has significant examination findings of an impingement syndrome. Although the injured worker does have full range of motion, there are significant pain complaints. The injured worker's ongoing pain has failed to respond to conservative treatment. The imaging study provided does support that the injured worker has an impingement with tendinosis of the supraspinatus and infraspinatus tendons. Therefore, the need for surgical intervention would be supported. As such, the requested decision for 1 right shoulder arthroscopy with possible rotator cuff repair, labral repair, subacromial decompression, and Mumford procedure is medically necessary and appropriate.