

Case Number:	CM14-0070264		
Date Assigned:	07/14/2014	Date of Injury:	05/27/2013
Decision Date:	09/11/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/15/2014

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:

This is a 56-year-old female who sustained an injury to the bilateral shoulders in a work-related accident on 5/27/13. The records provided for review document that the claimant is status post right shoulder arthroscopy, decompression, and rotator cuff repair on 12/12/13. Postoperative rehabilitation as of 4/11/14 included 24 sessions of physical therapy. A follow up report dated 5/22/14 noted some right shoulder stiffness; however, the pain was improved. Recommendation was to continue with medication management and formal physical therapy. Evaluation of the left shoulder showed tenderness of the anterior aspect of the acromion and positive Speed's and impingement testing but negative Hawkin's testing. Surgery for the left shoulder was recommended to include shoulder arthroscopy for subacromial decompression and biceps tendon release. Additional recommendation was made for continued post-operative physical therapy for the right shoulder times eight sessions. The medical records provided fail to demonstrate specific conservative treatment to the left shoulder and specifically no corticosteroid injections. There was no documentation of imaging to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Subacromial Decompression, Bicep Tendon Release: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While the clinical records document continued subjective complaints of pain in the left shoulder, there is no documentation to verify that the claimant has had 3-6 months of conservative care as recommended by ACOEM Guidelines. The medical records also fail to demonstrate that the claimant has had any prior injections. There is also no formal imaging of the left shoulder available for review to confirm or refute diagnosis of impingement or bicipital findings. Therefore, based on the ACOEM Guidelines and the absence of medical documentation, the proposed surgery is not medically necessary.

Right Shoulder Physical therapy 2 X 4 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, eight additional sessions of physical therapy for the claimant's right shoulder would not be indicated. The Post-Surgical Guidelines recommend 24 sessions of therapy over 14 weeks in a six month treatment period. The claimant is over eight months status post a December 2013 arthroscopic decompression and rotator cuff debridement. There would be no acute indication for eight additional sessions of therapy in this individual who has already undergone 24 sessions of post-operative physical therapy to date. Transition to a home exercise program would be appropriate. Therefore, the request is not medically necessary.