

Case Number:	CM14-0083985		
Date Assigned:	07/21/2014	Date of Injury:	04/02/2000
Decision Date:	10/03/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/05/2014

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:

According to the records made available for review, this is a 59-year-old female with a 4/20/00 date of injury, and left shoulder arthroscopic subacromial decompression, acromioclavicular joint resection, and debridement of biceps tendon with synovectomy on 12/2/13. At the time (4/29/14) of request for authorization for Repeat left shoulder arthroscopy with possible rotator cuff repair (depending on arthrogram results) and 21 day rental Vascultherm 4 w/ DVT Cord Compression, there is documentation of subjective (left shoulder pain and stiffness) and objective (tenderness over the greater tuberosity, 3/5 resisted abduction strength, positive drop arm test, and decreased range of motion with pain) findings, imaging findings (MR Arthrogram of the left shoulder (5/7/14) report revealed acromioclavicular joint separation, partial articular supraspinatus tear, and biceps tendinosis), current diagnoses (left frozen shoulder and left shoulder partial rotator cuff tear with tendinitis) and treatment to date (medications and ongoing physical therapy). Regarding left shoulder arthroscopy with possible rotator cuff repair, there is no documentation of additional subjective findings (pain at night) and failure of additional conservative treatment (cortisone injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left shoulder arthroscopy with possible rotator cuff repair (depending on arthrogram results): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Subacromial Decompression and Manipulation Under Anesthesia

Decision rationale: MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional x-rays, ap, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of diagnoses of left frozen shoulder and left shoulder partial rotator cuff tear with tendinitis. In addition, there is documentation of objective (tenderness over the greater tuberosity, 3/5 resisted abduction strength, positive drop arm test, and decreased range of motion with pain) findings and imaging findings (evidence of deficit in rotator cuff). However, despite documentation of subjective (left shoulder pain and stiffness), there is no documentation of additional subjective findings (pain at night). In addition, despite documentation of conservative treatment (physical therapy and medications), there is no documentation of additional conservative treatment (cortisone injections). Therefore, based on guidelines and a review of the evidence, the request for Repeat left shoulder arthroscopy with possible rotator cuff repair (depending on arthrogram results) is not medically necessary.

21 day rental Vascutherm 4 w/ DVT Cord Compression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines _Shoulder

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for 21 day rental Vascutherm 4 w/ DVT Cord Compression is not medically necessary.