MAXIMUS Federal Services

Case Number:	CM13-0062617		
Date Assigned:	12/30/2013	Date of Injury:	10/13/2012
Decision Date:	01/30/2015	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational Medicine, and is licensed to practice in Arizona & Michigan. 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 59 year old female who got injured on 10/13/2012. The injured worker was in the course of her usual duties and was in the process of removing a sweater from a mannequin that was placed on a table when she climbed the table and fell onto tiled floor landing on her left side. The injured worker believes she lost consciousness. She was immediately transported to a hospital emergency room where x-rays of her left shoulder, elbow, wrist, knee and foot were taken, and she was told she had fractures, however her wrist was the most significant at the time and she was placed in a cast. She is being treated for left shoulder, elbow, wrist, and knee and foot pain. Her diagnoses include possible left humerus fracture with left infraspinatus tendinosis, left proximal humerus fracture with left radial neuritis, left radial and ulnar distal fractures of the wrist, she has had open reduction internal fixation of her left wrist, left medial meniscal tear with hyperalgesia over the left saphenous nerve, left tarsal fracture with hyperalgesia of the left peroneal nerve. On 11/14/2013 she was evaluated primarily for her left shoulder, examination of her shoulder revealed tenderness along the anterior aspect of the acromion and laterally, there is mild tenderness over the acromioclavicular joint, positive impingement sign to internal rotation, and mild weakness to forward flexion with guarding distally, equivocal O'Brien's test with some labral signs. Physical exam performed on 12/17/2013 was essentially similar noting negative instability with no laxity and negative apprehension and relocation tests, strength in the biceps and triceps were normal, full range of motion in the shoulder and no muscle atrophy noted. MRI dated 10/7/2013 revealed significant impingement pathology with moderate acromioclavicular joint osteoarthritis with hypertrophy of the distal clavicle causing mass effect on the rotator cuff as well as a laterally down slopping type 2 acromion, there is a complex SLAP tear noted and a nearly or full supraspinatus and

infraspinatus rotator cuff tear. The request is for associated surgical devices, cryotherapy unit and shoulder immobilizer for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Cryotherapy unit for the left shoulder: 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): 209-212.

Decision rationale: MTUS recommends surgical intervention for rotator cuff tears that impair activity by causing weakness of arm elevation or rotation acutely in younger workers, MTUS states that conservative treatment has results similar to surgical treatment but without surgical risks, the injured workers physical exam reveals a normal range of motion of her left shoulder as well as preserved biceps and tendon strength and no muscle atrophy, therefore a request for arthroscopic decompression with associated cryotherapy and shoulder immobilizer is not medically necessary.

Associated Surgical Service: Shoulder immobilizer for the left shoulder: 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): 209-212.

Decision rationale: MTUS states that conservative treatment has results similar to surgical treatment but without surgical risks, the injured workers physical exam reveals a normal range of shoulder motion as well as preserved biceps and tendon strength and no muscle atrophy, therefore a request for arthroscopic decompression with associated cryotherapy and shoulder immobilizer is not medically necessary.