

Case Number:	CM14-0104329		
Date Assigned:	09/19/2014	Date of Injury:	03/31/2014
Decision Date:	07/07/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male, who sustained an industrial injury on March 31, 2014. Treatment to date has included home exercise program, Kenalog and Marcaine injections, and medications. An evaluation on June 16, 2014 revealed the injured worker continued to have pain from his left shoulder. The evaluating physician noted that despite a home exercise program and injections the pain continued and awakened him at night when he rolled onto his left shoulder. He reported pain with dressing and combing hair. On physical examination, the injured worker's left shoulder has a restricted range of motion. At 90-degree abduction he has 30 degree internal rotation contracture and 35 degree external rotation contracture. He had a positive impingement test. The diagnoses associated with the request include adhesive capsulitis of the shoulder, rotator cuff sprain/strain and left shoulder impingement capsulitis with internal and external rotation contractures. The treatment plan includes diagnostic arthroscopy and bursoscopy with selective capsular releases, subacromial decompression and other corrections with post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Shoulder Arthroscopic Decompression, Posterior Capsule Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209, 214.

Decision rationale: The patient presents with left shoulder pain. The physician is requesting left shoulder arthroscopic decompression posterior capsule release. The RFA dated 06/20/2014 shows a request for Arthroscopic decompression, posterior capsule release. The patient is currently on modified duty. The ACOEM Guidelines page 209 has the following indications for shoulder surgery: 1. Red flag conditions. 2. Activity limitations for more than 4 months, plus existence of surgical lesion. 3. Failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. 4. Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. ACOEM Guidelines also states on page 214 that surgical treatment consisting of subacromial decompression is recommended after failure of non-operative care. Furthermore, conservative care including cortisone injections can be carried out for at least 3 to 6 months before considering surgery. ODG under the Shoulder chapter on Surgery for Impingement Syndrome has the following indications: 1. Recommended 3 to 6 months of conservative care. 2. Pain with active arc motion 90 to 130 degrees. 3. Weak or absent abduction; may also demonstrate atrophy. In addition, Tenderness over rotator cuff or anterior acromial area. In addition, Positive impingement sign and temporary relief of pain with anesthetic injection. 4. Imaging studies shows positive evidence of deficit in rotator cuff The MRI of the left shoulder post-arthrogram injection from 05/30/2014 showed: No evidence of tear of the rotator cuff or biceps labral complex. The patient does have a normal variant Buford complex of the anterior labral ligamentous structures. Per the 07/02/2014 report, the neck exam is within normal limits. Left shoulder in the supine position demonstrate a restrictive passive forward flexion to 150 and at 90, abduction is 45 external rotation contracture and a 35 internal rotation contracture with pain at the endpoints. Positive impingement. He has a painful arc of motion abduction greater than forward flexion. Records show that the patient received an injection on 03/31/2014 with 50% improvement. The patient has attended 9 sessions of physical therapy with minimal improvement. In this case, there are no imaging studies showing evidence of rotator cuff deficits. The patient does not meet the required criteria based on the ACOEM and ODG Guidelines. The request is not medically necessary.

12 Post-Operative Physical Therapy Sessions: 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
Page(s): 26-27.

Decision rationale: The patient presents with left shoulder pain. The physician is requesting 12 post-operative physical therapy sessions. The RFA dated 06/20/2014 shows a request for Post-Op physical therapy 2 x week for 6 weeks, 12 visits. The patient is currently on modified duty. The MTUS Post-Surgical Guidelines page 26 and 27 under Rotator Cuff Syndrome / Impingement Syndrome recommends 24 visits over 14 weeks. This request was made in conjunction with the request for Left Shoulder Arthroscopic Decompression. Since the surgery was denied, post-operative physical therapy is not warranted. The request is not medically necessary.