

Case Number:	CM14-0185837		
Date Assigned:	12/05/2014	Date of Injury:	05/22/2014
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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 50 year old male who was attempting to close a truck bed cover with his arms overhead and pushed down on his elbow experiencing sharp pain in the right shoulder. The date of injury was 5/22/2014. He developed adhesive capsulitis of the shoulder. He received physical therapy and a corticosteroid injection without lasting benefit. MRI of the shoulder revealed rotator cuff tendinosis but no tear, degenerative superior labrum anterior and posterior (SLAP) tear, long head of biceps tendinopathy, bursitis, mild acromioclavicular and glenohumeral arthritis, and thickened capsule. The disputed issues pertain to a request for right shoulder arthroscopy, decompression, manipulation under anesthesia, and in-patient hospital stay of unknown number of days. This was modified by Utilization Review to out-patient surgery per guidelines. A request for post-operative physical therapy for unknown number of days was modified by UR to 3 times a week for 4 weeks per guidelines. The injured worker underwent surgery on 10/31/2014. This IMR pertains to the medical necessity of the above requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Decompression, right shoulder joint manipulation-IP stay unknown number of days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Hospital length of stay, arthroscopy

Decision rationale: The requested surgery was approved but the length of stay was modified by UR to an out-patient procedure. The disputed issue pertains to the hospital length of stay for a shoulder arthroscopy. The California MTUS does not address this issue. ODG guidelines indicate the best practice target without complications is an out-patient procedure. Based upon guidelines the request for In-patient stay for unknown number of days is not supported by guidelines and is not medically necessary.

Associated surgical service: Post-op physical therapy unknown number of days: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 10, 11.

Decision rationale: The Post-Surgical treatment guidelines indicate 24 visits over 14 weeks for adhesive capsulitis. The post-surgical physical medicine treatment period is 6 months. The initial course of therapy is one half of this number which is 12 visits. Utilization Review approved 12 visits. With documentation of objective functional improvement, a subsequent course of therapy of 12 visits may be prescribed within the above parameters. The request as stated is for unknown number of days and is not supported by guidelines, therefore is not medically necessary.