

Case Number:	CM14-0020114		
Date Assigned:	04/23/2014	Date of Injury:	10/10/2013
Decision Date:	01/27/2015	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/18/2014

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 10/10/13 date of injury. At the time (12/24/13) of request for authorization for right shoulder arthroscopy, sub acromial decompression (SAD), AC joint resection; post operative physical therapy 3 times a week for 6 weeks; and Vascutherm 21 day rental, there is documentation of subjective (right shoulder pain) and objective (positive Neer's test, positive Hawkins test, tenderness over the greater tuberosity and AC joint, positive AC joint compression test, resisted abduction strength of 4/5, and decreased shoulder range of motion) findings, imaging findings (MRI of the right shoulder (11/27/13) report revealed anteriorly downsloping acromion and osteoarthritis of the acromioclavicular joint), current diagnoses (right shoulder impingement syndrome and AC joint arthrosis), and treatment to date (medications, shoulder injection, and physical therapy). Regarding right shoulder arthroscopy, sub acromial decompression (SAD), AC joint resection, there is no documentation of additional subjective clinical findings (pain with active arc motion 90 to 130 degrees and pain at night); and imaging clinical findings (arthrogram showing positive evidence of deficit in rotator cuff).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Sub Acromial Decompression (Sad), Ac Joint Resection:
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 right shoulder impingement syndrome and AC joint arthrosis. In addition, given documentation of objective (positive Neer's test, positive Hawkins test, tenderness over the greater tuberosity and AC joint and resisted abduction strength of 4/5) findings, there is documentation of objective clinical findings (weak or absent abduction, tenderness over rotator cuff or anterior acromial area, and positive impingement sign). Furthermore, there is documentation of failure of conservative treatment including cortisone injections. However, despite documentation of subjective (right shoulder pain), there is no documentation of additional subjective clinical findings (pain with active arc motion 90 to 130 degrees and pain at night). In addition, given documentation of imaging findings (MRI arthrogram of the right shoulder identifying anteriorly downsloping acromion and osteoarthritis of the acromioclavicular joint), there is no documentation of imaging clinical findings (arthrogram showing positive evidence of deficit in rotator cuff). Therefore, based on guidelines and a review of the evidence, the request for right shoulder arthroscopy, subacromial decompression (SAD), AC joint resection is not medically necessary.

Post Operative Physical Therapy 3 Times a Week For 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-27.

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 post operative physical therapy 3 times a week for 6 weeks is not medically necessary.

Vascutherm 21 Day Rental: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 13-27.

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 Vascutherm 21 day rental is not medically necessary.