

Case Number:	CM15-0001732		
Date Assigned:	02/12/2015	Date of Injury:	06/10/2014
Decision Date:	03/26/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 51-year-old female who sustained an industrial injury on 6/10/14, relative to a motor vehicle accident. The 8/12/14 right shoulder MRI findings were consistent with subacromial rotator cuff impingement. Conservative treatment included medications, injections, and physical therapy. The 11/24/14 treating physician report cited on-going bilateral shoulder discomfort, with pain from 5/10 at rest to 10/10 with activity. Physical exam of the bilateral shoulders documented tenderness to palpation in the area of the upper trapezius and over the greater tuberosity in the area of the supraspinatus tendon bilaterally. The diagnosis was tendonitis and impingement syndrome, right greater than left, and possible right shoulder adhesive capsulitis. Authorization was requested for right shoulder arthroscopy and associated surgical services, including post-operative physical therapy 24 sessions, and a shoulder brace if rotator cuff repair was performed. The 12/5/14 utilization review approved the request for right shoulder arthroscopy with debridement, subacromial decompression, partial acromioplasty, and lysis of adhesions. The associate request for post-op physical therapy was modified to 12 visits consistent with guidelines. The request for a post-operative ARC brace was non-certified as a brace is not necessary following arthroscopic surgery, a sling would be reasonable. The MTUS and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative ARC brace: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213. Decision based on Non-MTUS Citation Shoulder, Postoperative abduction pillow sling

Decision rationale: The California MTUS are silent regarding post-op shoulder braces. MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. The Official Disability Guidelines state that shoulder braces are an option following open repair of large and massive rotator cuff tears. Guideline criteria have been met for the use of this post-op brace. There is no imaging evidence of a rotator cuff tear, and arthroscopic surgery is planned. There is no compelling reason to support the medical necessity of a shoulder brace over a standard shoulder sling. Therefore, this request is not medically necessary.

Post operative physical therapy, 2x12 for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 12/5/14 utilization review recommended partial certification of 12 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request for is not medically necessary.