

Case Number:	CM15-0183319		
Date Assigned:	09/24/2015	Date of Injury:	07/21/2011
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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: California, Oregon, Washington
 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 47 year old male, who sustained an industrial injury on 7-21-11. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; status post excision-biopsy ganglion cyst left axilla (5-8-14); status post Left shoulder arthroscopy -debridement of labral tear of glenohumeral joint; removal of ganglion cyst left axilla (5-14-15); medications. Diagnostics studies included MRI Left Brachial Plexus (2-6- 15); MRI left shoulder (3-13-14; 3-5-15); EMG-NCV upper extremities (12-23-14). Currently, the PR-2 notes dated 7-29-15 indicated the injured worker is two and a half months status post resection of a ganglion cyst from the axilla and is back working but still having pain. He has taken Advil and Aleve. The notes report he does not fully function. The provider documents a physical examination: "On exam, he has about 90 degrees of forward flexion and abduction and externally rotates to T12. There is negative belly press. There is no weakness of the supraspinatus and no weakness of the external rotators. Also he has the deltoid contracts. He has some mild atrophy. There is also some tenderness over the trapezius." The provider's plan includes notes documenting "The patient had continued neck pain symptoms since his injury and it is now getting aggravated by his shoulder being weak compensating with his neck muscles. He needs more therapy for his shoulder and also for his neck. Diagnostic findings are as follows the warranted the surgery and postoperative physical therapy. A MRI of the left brachial plexus done on 2-6-15 impression: "Prominent stress related bone marrow edema is present in the distal 1.5cm transverse length of the left clavicle and also in the opposing acromion. Trace left subacromial bursitis. Mutiloculated ganglion cyst arises from the inferior aspect of the left glenohumeral joint exerting mass effect on the left axillary neurovascular

bundle at the level the quadrilateral space. Currently measures 3.5x2.8cm (previously 4.6x3.6x3.6cm). No denervation muscle edema or atrophy is evident." An ISS MRI of the shoulder without contrast Left done on 3-5-15 impression states "Recurrence of the large axillary multilobulated and septated ganglion cyst measuring 3.6x2.1x2.8cm in size, likely arising from a small posterior inferior labral tear. There is compression on the quadrilateral space containing the axillary neurovascular bundle as well as more medial extension up to the infraglenoid neck level near the circumflex scapular artery and scapula nerve. There is no evidence of muscle denervation edema or atrophy." This is only a portion of the impression documented but is relevant to the "ganglion issue". The complete report was submitted for review. A PR-2 note dated 3-9-15 indicated no pathology was shown in the MRI for the shoulder. It notes the dye leaked out in the inferior labrum. The rotator cuff is intact. However, the provider documents the injured worker will need a microvascular surgeon due to the ganglion is in close proximity to this brachial plexus and his axillary artery. As a result of these findings, the injured worker is a status post Left shoulder arthroscopy - debridement of labral tear of glenohumeral joint; removal of ganglion cyst left axilla (5-14-15). A Request for Authorization is dated 8-21-15. A Utilization Review letter is dated 8-21-15 modified the certification for Post-op physical therapy for the left shoulder 3 times per week for 6 weeks to 8 visits only. The Utilization Review letter states "Guidelines criteria have not been fully met, but due to persistent left shoulder pain and exam that reveals decreased range of motion with flexion and abduction at 90 degrees; modification of request to support for 8 physical therapy visits is medically necessary. This is on the basis of adhesive capsulitis." Utilization Review modified the requested physical therapy visits using the CA MTUS and ODG Guidelines. A request for authorization has been received for Post-op physical therapy for the left shoulder 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy for the left shoulder 3 times per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment; Integrated treatment/Disability Duration Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26- 27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks. The guidelines recommend initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request exceeds the maximum amount of visits allowed. Therefore the determination is for non-certification, therefore is not medically necessary.