

Case Number:	CM15-0189891		
Date Assigned:	10/02/2015	Date of Injury:	09/09/2014
Decision Date:	12/15/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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: Minnesota, Florida
 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 61 year old female, who sustained an industrial injury on 9-9-14. The injured worker is being treated for status post right shoulder subacromial decompression and partial rotator repair and left shoulder impingement syndrome and rotator cuff tear. (MRI) magnetic resonance imaging of left shoulder performed on 8-7-15 revealed mild to moderate proliferative changes in acromioclavicular joint with impingement of supraspinatus muscle, 90% tear at supraspinatus tendon insertion to the humeral head, focal subchondral area of bone marrow edema at superior and outer portion of humeral head and mild amount of fluid in glenohumeral joint tracing into the sub coracoid bursa. Treatment to date has included right shoulder surgery 2-16-15 (with no further documentation to document physical therapy, improvement in pain management or recent conservative management) documentation does not include treatment or medications for left shoulder. On 9-9-15, the injured worker reports right shoulder pain rated 4-5 out of 10 with prolonged movements and left shoulder pain 8 out of 10 due to over compensation with weakness. Physical exam performed on 9-9-15 revealed well healed arthroscopic portals of right shoulder with improved range of motion and mild weakness with range of motion and left shoulder tenderness to palpation of left shoulder with painful range of motion and moderate weakness with range of motion. The treatment plan included a request for left shoulder arthroscopy with a rotator cuff repair and subacromial decompression and 18 post-operative physical therapy sessions. On 10-20-15 request for arthroscopic surgical repair of bilateral shoulders with 18 post-operative visits of bilateral shoulders was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Surgical Repair: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 61-year-old female with a date of injury of 9/19/2014. Per examination of September 9, 2015, the injured worker was status post right shoulder surgery (2/16/2015) and reported bilateral shoulder pain, more on the left as compared to the right. With regard to the right shoulder, she underwent surgery on February 16, 2015 and 18 postoperative visits were approved on February 16, 2015. On June 11, 2015 the MRI scan of the right shoulder was repeated and showed a significant tear after the surgery. However, no recent physical therapy program has been documented for the right or left shoulder. The documentation also indicates MRI findings of multilevel degenerative disc disease of the cervical spine with severe right neural foraminal stenosis at C4-5, bilateral neural foraminal stenosis and moderate central canal stenosis at C5-6 and mild bilateral neural foraminal stenosis at C6-7. California MTUS guidelines indicate surgical considerations for significant rotator cuff tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Studies of normal subjects document the universal presence of degenerative changes and conditions, including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. Surgery for impingement syndrome is usually arthroscopic decompression. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. In this case, the surgical request is for right shoulder arthroscopic surgical repair, right shoulder postoperative physical therapy 18 visits. The request does not specify the type of surgery that is being requested. Furthermore, evidence of a recent detailed comprehensive non-operative treatment protocol trial and failure stating the number of physical therapy visits, the number of corticosteroid injections, and the results has not been submitted. As such, the request is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.

Left Shoulder Arthroscopic Surgical repair: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 61-year-old female with a date of injury of 9/19/2014. Per examination of September 9, 2015, the injured worker was status post right shoulder surgery (2/16/2015) and reported bilateral shoulder pain, more on the left as compared

to the right. The range of motion of the left shoulder was slightly decreased and impingement testing was positive. MRI scan of the left shoulder dated 8/7/2015 revealed 90% tear of the supraspinatus tendon insertion on the humeral head with 1.2 cm medial retraction, and no atrophy. Conservative treatment included activity modifications, physical therapy (number of visits not documented), medication, and no injections documented. The QME report of May 1, 2015 indicates that although chiropractic care and physical therapy was recommended, she only received 3 visits. The documentation also indicates MRI findings of multilevel degenerative disc disease of the cervical spine with severe right neural foraminal stenosis at C4-5, bilateral neural foraminal stenosis and moderate central canal stenosis at C5-6 and mild bilateral neural foraminal stenosis at C6-7. California MTUS guidelines indicate surgical considerations for significant rotator cuff tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Studies of normal subjects document the universal presence of degenerative changes and conditions, including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. Surgery for impingement syndrome is usually arthroscopic decompression. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. In this case the surgical request is for left shoulder arthroscopic surgical repair, left shoulder postoperative physical therapy 18 visits. The request does not specify the type of surgery that is being requested. Furthermore, evidence of a recent detailed comprehensive non-operative treatment protocol trial and failure stating the number of physical therapy visits, the number of corticosteroid injections, and the results has not been submitted. As such, the request is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.

Right shoulder post operative physical therapy x 18 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Left shoulder post operative physical therapy x 18 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.