

Case Number:	CM15-0202244		
Date Assigned:	10/19/2015	Date of Injury:	05/21/2015
Decision Date:	11/30/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/14/2015

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: Montana, Oregon, Idaho
 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 male, who sustained an industrial injury on 5-21-2015. Diagnoses include right shoulder strain and right knee strain. Treatments to date include activity modification, anti-inflammatory, physical therapy, and cortisone joint injections. On 9-16-15, he complained of ongoing right shoulder pain and weakness. The physical examination documented painful arc and elevation of the right shoulder with weakness against resistance noted. A right shoulder MRI dated 8-27-15, revealed a full-thickness tear of distal supraspinatus tendon, partial tear of subscapularis tendon, probable labrum tear, and degenerative changes. The plan of care included right shoulder surgery and repair. The appeal requested authorization for right shoulder arthroscopy, Mumford rotator cuff repair, possible biceps tenodesis, and twelve (12) post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, Mumford rotator cuff repair possible biceps tenodesis:
 Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery- partial claviclectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Based upon the CA MTUS Shoulder Chapter. Pgs 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for posttraumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case, the imaging findings from 5/29/15 demonstrate only mild osteoarthritis and the MRI demonstrates moderate degenerative changes. In addition the clinical exam findings from the most recent note 9/16/15 do not note tenderness over the AC joint or pain with cross body adduction. There is also no documentation of an anesthetic injection into the AC joint with documented relief. Therefore, the request does not meet the criteria set forth in the guidelines and therefore the request is not medically necessary.

Post-op physical therapy 3x a week for 4 weeks for the right shoulder: Upheld

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

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: Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months. 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 requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.