

Case Number:	CM15-0031609		
Date Assigned:	02/24/2015	Date of Injury:	07/26/2010
Decision Date:	04/10/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old female, who sustained an industrial injury on 7/26/2010. The diagnoses have included sprain of neck, brachia neuritis or radiculitis; cervical radiculitis, radicular syndrome of upper limbs and status post right shoulder surgery (12/17/2014 arthroscopic debridement, subacromial decompression, and distal clavicle resection). Treatment to date has included surgical and conservative measures. An x-ray of the right shoulder was performed on 1/06/2015. On this date, she reported shoulder pain following surgery, poorly controlled with Tylenol #4. No signs of infection were noted. Diffuse tenderness and limited range of motion were noted. Currently, the injured worker complains of right shoulder pain, with a burning sensation over the lateral aspect of the right arm and elbow. Current medication regime was not noted. Post-operative therapy was documented as helping to decrease pain and increase range of motion. 11/12 post-operative therapy visits were documented as of 3/16/2015. A well-healed incision was noted on the right shoulder. Impingement and Cross Arm tests were positive. Tenderness to palpation was noted over the anterior deltoid muscle, pectoralis muscle, supraspinatus tendon, subacromial region, and acromioclavicular joint. Guarding with all range of motion was noted. Flexion was 75 degrees, extension 20 degrees, abduction 70 degrees, adduction 25 degrees, internal rotation 20 degrees, and external rotation 10 degrees. Treatment plan included continued home exercise program. On 1/20/2015, Utilization Review non-certified a request for X-ray right shoulder (date of service 1/06/2015), noting the lack of compliance with ACOEM Guidelines, and non-certified a request for continued post-operative rehab (3x4) for the right shoulder, citing MTUS Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of right shoulder (DOS 1/6/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, radiography.

Decision rationale: According to the 01/06/2015 hand written report, this patient presents is status post right shoulder scope in 12/17/2014. "Pain is poorly controlled with Tylenol #4." The current request is for X-ray of right shoulder (DOS 1/6/15). The request for authorization is on 01/06/2015. The patient's work status is "TTD until 7 month." The Utilization Review denial letter states, "Exam on 1/0/15 did not document any suspected post-op complications or red-flag conditions of the RIGHT shoulder." Regarding radiography of the shoulder, ODG states "Recommended" when there is an indication of acute shoulder trauma to rule out fracture or dislocation and questionable bursitis, blood calcium (Ca+)/approximately 3 months duration. The medical reports provided for review show no evidence of prior X-ray of the shoulder. Exam of the shoulder reveals diffuse tenderness; motion very limited range, and deltoid atrophy. In this case, the treating physician does not indicate that the patient has an acute shoulder trauma to rule out fracture, dislocation or questionable bursitis to warranted X-ray of right shoulder. There is no rationale provided to indicate why the patient needed X-ray of the shoulder. The request IS NOT medically necessary.

Continue Post-op rehab 3 x 4, right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: According to the 01/06/2015 hand written report, this patient presents is status post right shoulder scope in 12/17/2014. "Pain is poorly controlled with Tylenol #4." The current request is for Continue Post-op rehab 3 x 4, right shoulder. The Utilization Review denial letter "A total of 12 post-top PT visits have already been approved, but the patient has only attended 3 sessions. The patient has 9 PT sessions available. Therefore, 12 additional PT sessions are not medically necessary at this time and are denied." Regarding post-surgical shoulder arthroscopy therapy treatments, MTUS guidelines recommend 24 visits over 16 weeks with time frame for treatment of 6 months. In reviewing of the provided reports show no therapy reports and there is no discussion regarding the patient's progress. However, UR allured that the patient had "a total of 12 post-top PT visits have already been approved but the patient has only attended 3 sessions." In this case, given that the patient has had 12 sessions approved per UR, the requested 12 additional sessions is consistent with MTUS recommendation. MTUS supports 24 sessions of post-surgical therapy treatments for this type of condition. This request IS medically necessary.