

Case Number:	CM15-0032647		
Date Assigned:	02/26/2015	Date of Injury:	10/17/2014
Decision Date:	04/09/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/20/2015

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 59-year-old female who sustained an industrial injury on 10/17/14, relative to a trip and fall. She was diagnosed with a closed dislocation of the left acromioclavicular (AC) joint. The 11/10/14 left shoulder MRI impression documented type III AC joint separation and tendinosis with suspected small supraspinatus tear. The 1/9/15 initial treating physician report cited continued left shoulder pain. Physical therapy had helped the tightness. Physical exam documented range of motion limited to flexion 65 degrees, extension 20 degrees, external rotation 65 degrees, internal rotation 30 degrees, and abduction 80 degrees. There was tenderness to palpation over the left trapezius and the distal clavicle over coracoid process. There was a positive drop arm supraspinatus test. X-rays of the left shoulder showed chronic grade III acromioclavicular joint separation of the left shoulder. The plan of treatment included the request for left shoulder arthroscopic reconstruction of the acromioclavicular joint with internal fixation, post-operative physical therapy x 12 sessions, a cold therapy unit x 7 days, and an abduction pillow. On 1/19/15, utilization review certified the request for left shoulder arthroscopic reconstruction of the AC joint with internal fixation and cold therapy unit for 7 days. The prescription for post op physical therapy 3x4 for the left shoulder was modified to 4 initial post-op visits. A prescription for abduction pillow was non-certified. The CA MTUS and the ODG were cited. On 02/20/2015, the injured worker submitted an application for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 3x4 for the left 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: The California Post-Surgical Treatment Guidelines for surgical treatment of AC joint separation and rotator cuff tear suggest a general course of up to 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 1/9/15 utilization review recommended partial certification of 4 post-operative physical therapy visits consistent with guidelines. There is significant loss of range of motion and imaging evidence of a rotator cuff tear. There is a compelling reason to support the medical necessity of additional care due to the relatively invasive nature of the surgical procedure, and increased risk of pain and stiffness. Therefore, this request is medically necessary.

Abduction pillow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213.

Decision rationale: The California MTUS guidelines recommend a shoulder sling as an option for patients with acromioclavicular separations. Guideline criteria have been met. There is a compelling reason to support the medical necessity of an abduction pillow over a standard sling due to the invasive procedures and increased adhesion/adhesive capsulitis risks. Therefore, this request is medically necessary.