

Case Number:	CM14-0126544		
Date Assigned:	09/19/2014	Date of Injury:	07/12/2013
Decision Date:	10/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 years old female sustained injury 7/12/13 involving her right shoulder. She has completed 6 sessions of physical therapy, two steroid injections into the right shoulder with improvement. She complained of right shoulder pain with popping, stiffness, muscle knots, and instability. An MRI 10/5/13 revealed tendinopathy of the supraspinatus without discrete tear and mild acromioclavicular joint arthrosis. As of 6/10/14, her right shoulder examination is negative but for diffuse tenderness of the shoulder and tenderness even at her side and can rotate 20* complaining of pain. Provocative testing is all negative and there is no muscle weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy and subacromial decompression and pre-operative clearance:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Indicators for surgery, Acromioplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), shoulder, (Acute and Chronic) (updated 12/15/10)

Decision rationale: Acromioplasty has shown no benefit over and beyond a supervised and structured exercise program leading to an intensive self-directed home exercise program. The MRI is basically negative but for supraspinatus tendinopathy. The requesting provider is new to this patient and has not experienced a trial of conservative management with her. The indications for surgery are relatively weak as she does not have limitations of activity, has benefitted from injectional therapy and from a 6 session course of physical therapy. There is no rotator cuff tear. Her pain is controlled with Tylenol. There is no history of nighttime pain or trouble sleeping and there is no history of inability to reach overhead. Surgery for Impingement Syndrome:"(80% of these patients will get better without surgery.)"1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night. PLUS3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign.The request is not medically necessary.

Right shoulder sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (Web), 2011. Shoulder - UltraSling.

Decision rationale: Post op DME not necessary as surgery has been denied.

Polar Care Unit x 7 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical, Shoulder, Lumbar, and Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th Edition (web), 2011, Shoulder-Continuous flow cryotherapy

Decision rationale: Post op DME not necessary as surgery has been denied.

Post operative physical therapy 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Post op DME not necessary as surgery has been denied.

Ultram (Tramadol) 50mg tabs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid analgesics Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Classification-Tramadol (Ultram) Page(s): 75.

Decision rationale: Post op DME not necessary as surgery has been denied. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, page 105, Topical Salicylate; pages 111-113, Topical Analgesics. Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Chronic pain-Salicylate topicals.

Kera-Tek gel 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesics Page(s): 105;111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Chronic pain-Salicylate topicals.

Decision rationale: There is not documentation of failure of NSAID use or difficulty therefrom. Post op DME not necessary as surgery has been denied.