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| Case Number: | CM14-0152461 | | |
| Date Assigned: | 09/22/2014 | Date of Injury: | 03/21/2013 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 09/18/2014 |

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 Orthopedic 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:

52 year old female claimant with an industrial injury dated 03/21/13. The patient is status post a right shoulder injection as of 05/21/14 in which did provide some pain relief. Other conservative treatments have included medication and physical therapy. MRI dated 07/24/13 reveals type II-III acromion with mild proliferative changes seen of the AC joint along with impingement upon the supraspinatus tendon insertion to the humeral head with 0.9 cm partial intrasubstance tear, but no full thickness tear. Exam note 07/23/14 states the patient returned with right shoulder pain and numbness in both hands. The patient also complains of neck pain radiating into the right side of her face, elbow, and mid to lower back. Upon physical exam there was evidence of tenderness surrounding the right shoulder. Range of motion is noted as decreased with mild weakness with flexion, abduction, and external rotation. The Neer's test, and Hawkin's impingement test were both positive on the right. There is also tenderness on the dorsal and volar aspects of the right wrist. The patient exam demonstrates a positive Phalen's and Durkan's test on the right. There is decreased light touch in the median nerve distribution bilaterally. Treatment includes a right shoulder arthroscopic surgery, and a carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy; twelve (12) sessions (three times a week for two months):
Overturned

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

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

Decision rationale: Per the CA MTUS Post-Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; *Postsurgical physical medicine treatment period: 6 months; Postsurgical treatment, open: 30 visits over 18 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 request for of the number of allowable 24 visits for impingement syndrome is appropriate for the guidelines. Therefore determination is for medically necessary.

Pre-operative clearance by internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>: States that patient greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 53 years old and does not have any evidence in the cited records from 7/23/14 of significant medical comorbidities to support a need for preoperative clearance for routine shoulder arthroscopy. Therefore determination is for not medically necessary.