MAXIMUS Federal Services

Case Number:	CM14-0166447		
Date Assigned:	10/13/2014	Date of Injury:	02/05/2014
Decision Date:	11/13/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

The medical records reflect the claimant is a 50 year old female who sustained a work injury on 2-2-12. Office visit on 6-18-14 notes the claimant reports medications are helping. The claimant has decreased left knee and left shoulder range of motion. The claimant had left shoulder and left knee tenderness. The claimant is continued on medications. Records also noted that the claimant is pending neurological consult for her headaches and surgical consult for left shoulder and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right arthroscopy possible AC decompression, debride calcium deposit, rotator cuff repair, distal clavical excision @ [redacted]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - rotator cuff repair

Decision rationale: The ACOEM Guidelines Shoulder Disorders notes that rotator cuff repair is moderately recommended for treatment of small, medium, or large (<5cm) tears. Adding

subacromial decompression to a rotator cuff repair is recommended for treatment of isolated supraspinatus tears with a Type II or III acromion. The ODG notes that Criteria for rotator cuff repair OR anterior acromioplasty with diagnosis of partial thickness rotator cuff repair OR acromial 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 with pain at night (Tenderness over the greater tuberosity is common in acute cases.) PLUS3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy with tenderness over rotator cuff or anterior acromial area; and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view and Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.There is an absence in documentation noting that this claimant has had 3-6 months of continuous adequate treatment to include physical therapy (number of visits, quantity and duration) or corticosteroid injections. Therefore, the medical necessity of this request is not established.

DME - Cryo Unit rental 7 days: Upheld

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

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

Decision rationale: The ODG notes that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. With surgery not recommended, the medical necessity of this request is not established.

MRI scan: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - MRI.

Decision rationale: The ACOEM notes that MRI is recommended to diagnose rotator cuff tears. This claimant had an MRI done on 7-25-14. ODG notes that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is an absence in documentation noting that this

claimant has significant change in symptoms. Therefore, the requested MRI is not supported and is considered not medically necessary.

DME Purchase - Arm 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 (ODG), Shoulder - Postoperative abduction pillow sling

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

Decision rationale: The ODG states that immobilization is not recommended as a primary treatment. With the surgery not being supported, the use of a sling is not reasonable or medically indicated.