

Case Number:	CM15-0111982		
Date Assigned:	06/18/2015	Date of Injury:	04/01/2012
Decision Date:	07/17/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/10/2015

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, Indiana, Oregon
 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 38 year old female, who sustained an industrial injury on 4/1/2012. Diagnoses have included carpal tunnel syndrome, right shoulder symptomatic SLAP tear and impingement with a large paralabral cyst with nerve impingement and possible rotator cuff tear. Treatment to date has included carpal tunnel release, cortisone injections to the wrist and elbow which were not helpful and medication. According to the consultation dated 5/5/2015, the injured worker complained of right shoulder pain. It was noted that magnetic resonance imaging (MRI) of the right shoulder from 2/12/2015 showed evidence of a SLAP tear with a large multi-loculated paralabral cyst. Current medications included Percocet, Ibuprofen and Tylenol. Exam of the right shoulder revealed tenderness. Rotator cuff strength was 4/5. Impingement test was positive. Authorization was requested for right shoulder surgery with post-operative physical therapy twice a week for eight weeks and Vitamin C.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, 2x8 (16): Upheld

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: 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. 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 exceeds the initial recommended number of visits and is therefore not medically necessary.

Vitamin C #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/002404.htm>.

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

Decision rationale: CAMTUS/ACOEM is silent on the issue of vitamin c supplementation. Per ODG, vitamin C is recommended after wrist fracture to lower the risk of RSD. In this case the use scenario is outside of guidelines, therefore the request is not medically necessary.