

Case Number:	CM15-0116317		
Date Assigned:	06/30/2015	Date of Injury:	07/16/2013
Decision Date:	09/09/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who sustained an industrial injury on 7/16/13 when he attempted to shield his face with his right arm to avoid being hit by a tow hitch resulting in blunt trauma to the right elbow. He felt immediate pain in his arm. He was medically evaluated, given medications, received physical therapy and acupuncture. He had an electromyography/ nerve conduction study of the right upper extremity on 11/4/13 which was unremarkable. He currently complains of ongoing pain and limitation with elevation and strength and mild swelling throughout the upper extremity. The pain radiates through the right arm into the right hand with numbness of fingers. He was experiencing sleep difficulties. His pain level was 6/10. He had trouble with activities of daily living that involved writing, typing, grasping. On physical exam there was right shoulder tenderness over the capsule, less at the acromioclavicular joint, positive Neer and Hawkin's sign with limited range of motion; right elbow tender over the distal biceps and lateral epicondyle; right hand exhibits mild swelling with limited grip strength. Medication was ibuprofen. Diagnoses include right arm and elbow contusion with mild upper extremity swelling; right elbow distal biceps strain and epicondylitis; right shoulder tendinosis, partial rotator cuff tear with impingement. Treatments to date include subacromial joint injections with significant relief but only for a few days; home exercises; medications; rest; heat; physical therapy. Diagnostics include MRI of the right elbow (2/19/15) showing low grade partial intrasubstance tear origin common extensor tendon; MRI right shoulder (10/24/14) showing partial rotator cuff tear, impingement with joint arthropathy; x-ray of the right shoulder (5/12/15) showing moderate acromioclavicular arthrosis; right elbow x-ray (5/12/15) negative for

fractures. In the progress note dated 4/15/15 the treating provider's plan of care includes a request for right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with debridement, possible arthroscopic rotator cuff repair, subacromial decompression, distal clavicle excision: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: According to ACOEM Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial-thickness or smaller full thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. This injured worker has failed conservative measures to include ice, medications, therapy, and injections for more than three months. He has MRI evidence of partial rotator cuff tear with exam evidence of pain, limited range, and weakness affecting ability to perform ADLs. Surgical intervention in this situation would be considered medically appropriate and as such, the request is supported.

Post-op physical therapy 3 x 4 for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26 and 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the California MTUS, post-surgical physical therapy is recommended status post rotator cuff impingement syndrome repair, at 24 visits over 14 weeks. The guidelines state the initial course of therapy should be one half of the general course of therapy. In this situation, 12 visits would be supported and as such, the request is medically necessary.

Associated surgical service: Right shoulder immobilizer: 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.

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

Decision rationale: Per ODG shoulder sling may be recommended following large, massive rotator cuff tears, AC joint separation, brief use of immobilization for severe shoulder pain for 1-2 days, and for use less than a few weeks after initial shoulder dislocation with reduction. The documentation only supports a diagnosis of partial rotator cuff tear, and thus, the request for shoulder immobilizer is not considered medically necessary at this time.

Associated surgical service: Abduction pillow right shoulder: 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.

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

Decision rationale: Per ODG shoulder sling may be recommended following large, massive rotator cuff tears, AC joint separation, brief use of immobilization for severe shoulder pain for 1-2 days, and for use less than a few weeks after initial shoulder dislocation with reduction. The documentation only supports a diagnosis of partial rotator cuff tear, and thus, the request for shoulder abductor pillow is not considered medically necessary at this time.

Associated surgical service: Polar care unit for right shoulder: 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.

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

Decision rationale: According to the ODG, continuous flow cryotherapy is recommended as an option after surgery for rental, up to 7 days. Purchase is not recommended. The request fails to state that this unit would be a rental for up to 7-days and as such, the request is not medically necessary.