

Case Number:	CM15-0126960		
Date Assigned:	07/09/2015	Date of Injury:	01/30/2012
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/01/2015

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 54 year old female, who sustained an industrial injury on 1/30/2012. She reported injury to the right shoulder from cumulative effects of working and subsequently developed left shoulder injury. Diagnoses include bilateral shoulder strain, bilateral impingement syndrome, status post two surgeries to the right shoulder and one surgery to the left shoulder on 10/21/14. Treatments to date include activity modification, anti-inflammatory, narcotic, physical therapy and home exercise. Currently, she complained of ongoing left shoulder symptoms. On 4/1/15, the physical examination documented no acute findings. The plan of care included follow up appointment with orthopedic services. The appeal request was for left shoulder arthroscopy with surgical assistant; post-operative physical therapy; and Durable Medical Equipment (DME) including CPM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder: Diagnostic arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case there is no recent imaging demonstrating any surgical pathology in the left shoulder. Based on this, the request is not medically necessary.

Postoperative physical therapy, 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Service: Durable medical equipment (DME) continuous passive motion (CPM) machine (purchase): 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: Continuous passive motion (CPM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.