

Case Number:	CM15-0038150		
Date Assigned:	03/06/2015	Date of Injury:	10/03/2011
Decision Date:	05/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/28/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 26-year-old female who reported an injury on 10/03/2011. The mechanism of injury involved a fall. The current diagnoses include severe adhesive capsulitis of the left shoulder, status post left shoulder arthroscopy on 06/13/2012, and status post second left shoulder arthroscopy on 10/17/2012. On 02/09/2015, the injured worker presented for a follow-up evaluation with complaints of constant, severe left shoulder pain and limited range of motion. Upon examination, there was 60-degree forward flexion, 10-degree extension, 25-degree abduction, 45-degree external rotation, 20-degree internal rotation, biceps tenderness, trapezius and rhomboid tenderness, and pain with inferior glide. Recommendations included a request for left shoulder surgery and an MR arthrogram of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Diagnostic Arthroscopy (possible biceps tenodesis): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Shoulder, Diagnostic Arthroscopy.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise program, and clear clinical and imaging evidence of a lesion. In this case, it is noted that the injured worker is status post left shoulder arthroscopic surgery. There is no documentation of an exhaustion of recent conservative treatment prior to the request for an additional surgical procedure. There were no official imaging studies provided for this review. Given the above, the request is not medically appropriate.

Continuous Passive Motion (CPM, 14-days): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Cold Therapy (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 cite any medical evidence for its decision.

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

Post-Operative Physical Therapy (12-sessions, 3 times a week for 4 weeks for the left shoulder): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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